



# Availity<sup>®</sup> CareProfile<sup>®</sup>

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 27 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.***

## Getting Started

**Primary Access Administrators (PAAs):** Before your users can begin, you will need to grant them access by going to

**Account Administration | Assign Access to Users | Manually Assigned | CareCost Estimator-BCBSIL**

**Users:** Please confirm with your PAA that access to CareCost Estimator-BCBSIL has been granted.

## Signing on to Availity

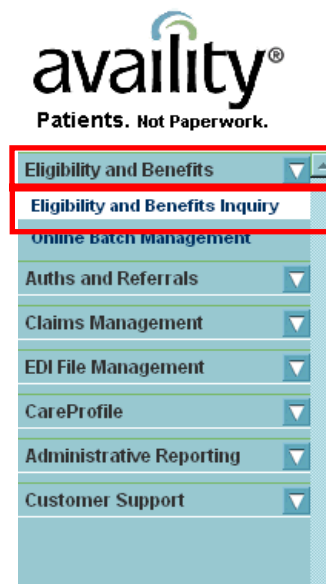
- Go to the Availity Web site at [www.availity.com](http://www.availity.com).
- Key in your user ID and password.
- Click **Login**.\*

\*To access CareProfile, you must be a registered Availity user.

## Accessing the Tool:

Once you log into Availity,

- click **Eligibility and Benefits**,
- then **Eligibility and Benefits Inquiry**.



## Eligibility and Benefits Inquiry

Next, you need to complete the Eligibility and Benefits Inquiry screen. If the member's ID card has a magnetic strip, you may swipe it. After you swipe the card some of the fields below will be filled. You must complete the remaining fields. Then click **Submit**.

^ Payer: ? BCBSIL

**Provider Information**

^ Organization: HCSC

Express Entry - Provider: ? --- Select One --- Add Provider

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

^ NPI: ? 

Individually practicing physicians who are NOT part of a clinic/group setting must always use the individual/ rendering NPI (Type1). Facility or professional providers practicing in a group setting must use the group/billing NPI (Type 2).

City:

State: --- Select One ---

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

^ Place of Treatment: Office

**Patient Information**

^ As of Date: ? 01 / 20 / 2010

^ Type of Benefits Requested: ? Chemotherapy

Search Option: ? Patient ID & DOB

^ Patient ID: ?

^ Patient Date of Birth:  /  /

Patient's Relationship to Subscriber: ? Self

Patient Gender: ? --- Select One ---

Submit Clear Page Add to Batch

## Eligibility and Benefits Summary Results


For eligible members only, after you have completed a successful Eligibility and Benefits Inquiry, a **CareProfile** option will be available at the top and bottom of the screen for you to select.

**Eligibility & Benefits Summary Results - Health Benefit Plan Coverage**

Print Page Edit Inquiry CareProfile CareCost Estimator

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

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



**Plan/Product Information**

Plan/Product	Network Advantage
Payer	BCBSIL
Address	PO Box 1111 Jacksonville, FL 32022

**Non-covered Services**

Service Type	Chiropractic
Coverage Level	Individual

**Pre-existing Condition**

Service Type	Plan Waiting Period
Period Start	07/18/2008
Period End	07/18/2010

Coverage - [View More](#)

Service Type: Health Benefit Plan Coverage      Status: Active Coverage

**In Network Benefits**      [View Details](#)

Eligibility & Benefit Information	Coverage Level	Amount	Quantity	Time Period	Description
Co-Payment		\$ 20.00 <a href="#">Collect Payment</a>		Visit	Family Physician
Co-Insurance		100%		Visit	
Deductible		\$ 0.00		Visit	
Limitations					
Out of Pocket (Stop Loss)					
Stop Containment					Payer did not specify network participation. Admission notification required for inpatient services. For providers who intend to perform advanced imaging nuclear cardiology imaging/radiology services for members, contact NIA.

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**Eligible Member Exceptions:** At this time, a CareProfile may not be available in specific situations, as listed on page 6. In these situations, a CareProfile might not be returned, or might exclude some information upon successful completion of an Eligibility and Benefits Inquiry. Additional enhancements are underway to address these situations.

## CareProfile Disclaimer

After you have thoroughly reviewed the information, click on the **I Agree** button. 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.

I Agree Decline Print

# 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
	OPHTHALMOLOGY		09/10/2009
	MULTISPECIALTY PHYSICIAN GROUP		08/31/2009
	ANESTHESIOLOGY		08/31/2009

Medical Conditions		
Severity	Condition	Start Date
Low	Eye Disorder, Other	09/10/2009
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

Lab Results					
Date Collected	Test	Result	Normal Range	Rendering Provider	Class
06/29/2009	Triglyceride	168 MG/DL	0-149	LabCorp	Chemistry
06/29/2009	Cholesterol.in HDL	41 MG/DL	0-0	LabCorp	Chemistry
06/29/2009	Cholesterol	171 MG/DL	100-199	LabCorp	Chemistry
06/29/2009	Cholesterol.in LDL	96 MG/DL	0-99	LabCorp	Chemistry

Monitored Services					
Service	# Svcs	Last Service Date	Most Recent Pvdr	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

**Preventative Health and Wellness**  
 Age 50 and older and no colonoscopy in the past 24 months

## 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 number of times each prescription was filled and the last time it was filled is included.
- **Lab Results** – This section lists laboratory result values for diabetic and cholesterol screenings performed during the prior 12-month period based on adjudicated claims during that given period. Standard information displayed for each lab value includes the date of the lab test, lab test name, lab test value, reference range, the lab data source name and class.
- **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.
- **Health and Wellness** – This section on the ACP indicates any missing recommended preventive care opportunities, typically based on age and gender of member as identified by Clinical Intelligence Rules.

**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 27 months.
- The patient is new and does not have claims history with 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 health care 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.

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