

# Patient Care Summary User Guide

## The Patient Care Summary includes the following details:

- Demographic patient information, including date of birth, address and phone number
- The patient's primary care physician and other providers visited in the past 24 months
- Diagnoses and procedures submitted and reflected in claims records
- Professional, hospital and emergency room services reflected in claims records
- Prescriptions filled, including the class of the drug, total fills and last date filled
- Radiological and laboratory services reflected in claims records

**Patient Care Summary** is accessible via **Availity® Essentials** and provides an electronic health record sourced from claim-based information collected by BCBSIL from physicians, pharmacies, labs and other health care providers based on the last 24 months of claims data.

*Providers who are registered with Availity Essentials can use this option to obtain a consolidated view of a patient's health history at the point of care. This information can help identify potential treatment issues, such as clinical gaps in recommended care services, missed prescription refills and possible drug interactions.*

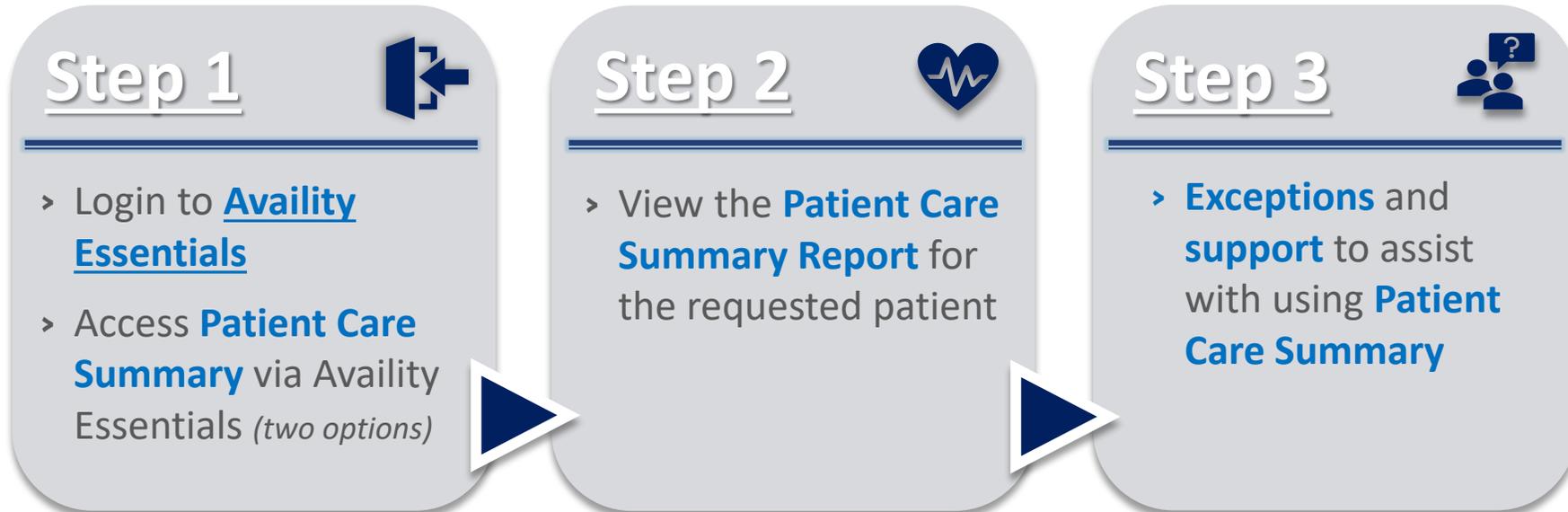
## Not registered with Availity Essentials?

Complete the online guided registration process today via [Availity](#), at no cost.

March 2024



The following instructions display how to access and use the **Patient Care Summary** via Availity Essentials.



1 Assigned users can access this tool by following the instructions below:

- ▶ Go to [Availity](#)
- ▶ Select [Availity Essentials Login](#)
- ▶ Enter User ID and Password
- ▶ Select [Log in](#)

Availity Sign In

User ID  
Enter your user ID.

Password  
Enter your password.

Sign In

Forgot your user ID? Forgot your password?

3 ▶ Enter the [Provider](#) and [Patient Info](#)

▶ Select [Submit](#)

PCS Patient Care Summary

Payer ID  
BCBSIL

Provider Information

Organization  
ABC ORGANIZATION

Provider  
ABC CLINIC

NPI  
1234567890

Patient Information

Patient ID  
ABC123456789

Date of Birth  
03/30/1984

First Name  
JANE

Last Name  
DOE

Submit Clear

2 ▶ Select [Patient Registration](#) from the navigation menu

▶ Select [Patient Care Summary Inquiry](#)

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Patient Registration Claims & Payments My Providers Reporting Payer Spaces More

EB Eligibility and Benefits Inquiry

A&R Authorizations & Referrals

PCS Patient Care Summary Inquiry

**Quick Tip:**  
→ Refer to [page 4](#) to access the **Patient Care Summary** using [option 2](#).

4 ▶ After thorough review, select [I Agree](#)

▶ Once accepted, the [Patient Care Summary](#) will populate with a summary of the requested patient's information

**Note:** This disclaimer will populate each time a [Patient Care Summary](#) is requested for a patient.

Disclaimer

Information provided through the Patient Care Summary 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 Patient Care Summary 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 Patient Care Summary 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 I Decline Print



- ▶ Select **Patient Registration** from the navigation menu
- ▶ Select **Eligibility and Benefits Inquiry**
- ▶ Complete the inquiry and select **Submit**

**Quick Tip:**  
→ Refer to the [Eligibility and Benefits User Guide](#) to learn how to verify Eligibility & Benefits via Availity Essentials.

- ▶ After completing an Eligibility and Benefits Inquiry, **Patient Care Summary** will be available at the top of the response screen for **eligible\*** members

*\*See [page 6](#) for a list of exceptions*

**DOE, JANE** Edit Print Feedback

123 ANYWHERE ST.  
BEACH CITY, XX 12345-1234

Member Status	Date of Birth	Gender	Current Plan Effective Date	Relationship to Subscriber
Active Coverage	Mar 30, 1984	Female	Jul 1, 2019 - Dec 31, 9999	Self

Member ID Card Patient Care Summary



# Step 2: Summary Report

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## Table of Contents

- Allergies, adverse reactions, alerts
- History of medication use
- Problem List
- History of Procedures
- Relevant diagnostic tests and/or laboratory data
- Encounters
- Immunizations
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- Social History
- Vital Signs

### Allergies, adverse reactions, alerts

Not Applicable

### History of medication use

Type (Brand   Generic)	Brand Name	Drug Description	Route	Fill No	Fill Date	Amount
Generic Name	ALPRAZOLAM TAB 1MG	Alprazolam Tab 1 MG	Oral	0	2023-07-19	60
Generic Name	ALPRAZOLAM TAB 1MG	Alprazolam Tab 1 MG	Oral	1	2023-09-14	60
Generic Name	AMOX/K CLAV TAB 500-125	Amoxicillin & K Clavulanate Tab 500-125 MG	Oral	0	2021-12-24	21

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### Problem List

#### Problems

Type (Acute) Chronic)	Condition	Severity	Start Date	End Date
Acute	Iron Deficiency Anemia	LOW	2024-02-14	2024-03-01
Acute	Generalized Anxiety Disorder	LOW	2024-01-09	2024-01-09
Acute	Non-Streptococcal Pharyngitis	LOW	2023-11-18	2023-11-18

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### History of Procedures

#### Procedures

Service	Procedure code	Service date	Servicing provider	Phone#
KETOROLAC TROMETHAMINE INJ	J1885	2021-12-24	ABC MEDICAL FOUNDATION, INC.	555-555-5555
CEFTRIAXONE SODIUM INJECTION	J0696	2021-12-24	ABC MEDICAL FOUNDATION, INC.	555-555-5555
TRIAMCINOLONE ACET INJ NOS	J3301	2021-12-24	ABC MEDICAL FOUNDATION, INC.	555-555-5555

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### Relevant diagnostic tests and/or laboratory data

No Data Available

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## Encounters

Type	Facility/Provider	Admit/Service Date	Discharge Date	LOS	Diagnosis/Specialty
Specialist Visit	OBSTETRICS & GYNECOLOGY	2023-11-02	N/A - OBSTETRICS & GYNECOLOGY		
Specialist Visit	LABORATORY	2023-11-02	N/A - MULTISPECIALTY PHYSICIAN GROUP		
Specialist Visit	JOHN SMITH MD	2023-11-18	N/A - MULTISPECIALTY PHYSICIAN GROUP		

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## Immunizations

Not Applicable

## Payers

### Payers

Subscriber ID	Member ID	Group ID	Line of Business	Plan	Eligibility
No Data Available	123456789	999999	PPO	Health Plan	2017-04-10 - 2299-12-31

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## Plan of Care

### Clinical Indicators - Gap in Care Condition Based

Severity	Rule Fired Date	Rule
Low	2024-03-20	Member age 18 or older with diabetes and no eye exam in the past 12 months
Low	2024-03-20	Member age 18 or older with diabetes and no test for microalbuminuria in the past 12 months
Low	2024-03-20	Member with diabetes and no HbA1C in the past 6 months

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### Clinical Indicators - Gap in Care Non-Condition Based

Severity	Rule Fired Date	Rule
Low	2024-03-20	Member age 12 or older and has not had the COVID Booster
Low	2024-03-20	Member age 12 or older and has not had the COVID Vaccine
Low	2024-03-20	Member age 18 or older with no mental health screening in the past 12 months

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### Clinical Indicators - Patient Findings

Severity	Rule Fired Date	Rule
High	2024-03-20	Opportunity Score: High Risk
High	2024-02-29	HEDIS/QI - Cervical Cancer Screening
Medium	2024-03-20	Health Status: Single Chronic

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## Social History

Not Applicable

## Vital Signs

Not Applicable

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## Descriptions:

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→ **Allergies, adverse reactions, alerts** – Patient allergies or instances where the patient experienced an adverse reaction to one or more medications.

→ **History of medication use** – Class of 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.

→ **Problem List** – All diagnosis by the service date. If more than one diagnosis was submitted on a claim, all of the diagnosis codes are listed.

→ **History of Procedures** – Procedure types, codes and a description of each procedure.

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→ **Encounters** – Admissions to an inpatient facility, such as hospitals, rehabilitation centers and other similar facilities. The number of emergency room visits that were adjudicated during the given time period as well as all provider visits.

→ **Plan of Care** – 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. (i.e., the patient has diabetes and no claims for an annual dilated eye exam or A1C test are found or have been performed in the appropriate time frame, a treatment opportunity flag displays.) This section also indicates any missing recommended preventive care opportunities, typically based on age and gender of the member as identified by clinical intelligence rules.



<u>Reasons Why Patient Care Summary May Be Unavailable</u>	
→ Your Availity Administrator has not granted you access to the Patient Care Summary.	→ The patient is new and does not have claim history with BCBSIL.
→ The Eligibility and Benefits Inquiry was not returned successfully.	→ The patient resides outside of the area where Availity Patient Care Summary has been implemented.
→ The patient is a twin for which the Eligibility and Benefits Inquiry requires the first name and last name to be entered.	→ The service involves sensitive information, such as psychiatric treatment, substance abuse, genetic testing or HIV/AIDS-related treatment.
→ The patient paid out-of-pocket, and no claim is filed for the service; BCBSIL has no record of the service.	→ The patient is eligible for Medicare or has other primary health care coverage (coordination of benefits).
→ Claims were adjudicated by a payer or health plan other than BCBSIL that does not participate in the Availity Patient Care Summary program (out-of-state).	→ Claim data has not completed the clinical intelligence rules application. Claims processed within 90 days may not be available to view on the Patient Care Summary.
→ The patient has restricted access to his or her claim information.	→ Services were performed too far in the past. BCBSIL returns results from the past 24 months.

**Have questions or need additional education?**

**Education or training**, contact [BCBSIL Provider Education Consultants](#)  
*Be sure to include your name, direct contact information & Tax ID and/or billing NPI.*

**Technical Availity support**, contact Availity Client Services at **800-282-4548**

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