

# 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.*

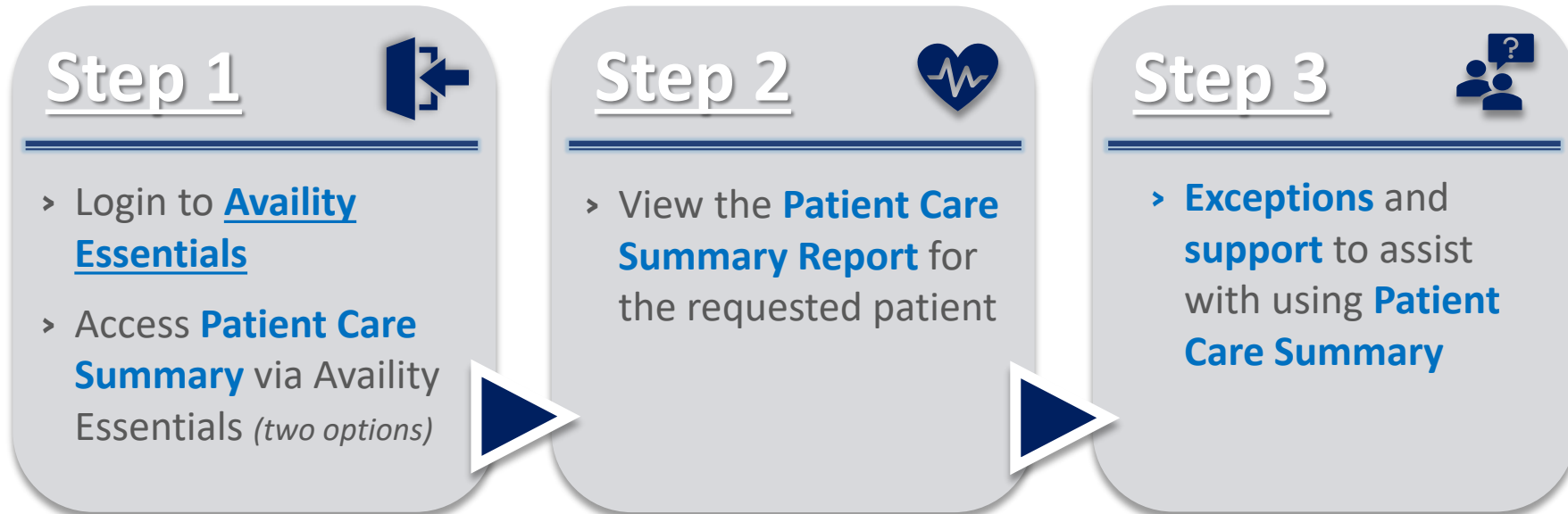
## Not registered with Availity Essentials?

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

March 2024

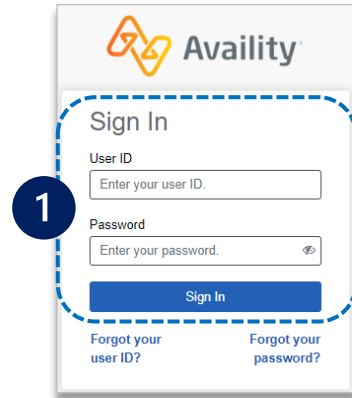


The following instructions display how to access and use the **Patient Care Summary** via Availity Essentials.



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

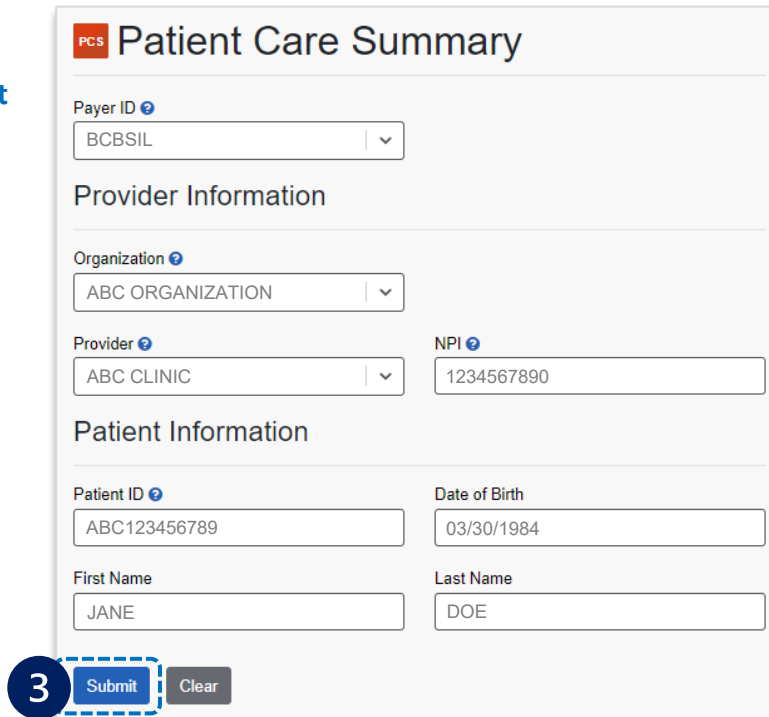
- ▶ Go to [Availity](#)
- ▶ Select [Availity Essentials Login](#)
- ▶ Enter User ID and Password
- ▶ Select [Log in](#)



The image shows the Availity Sign In page. A dashed blue box highlights the 'Sign In' form, which includes fields for 'User ID' and 'Password', a 'Sign In' button, and links for 'Forgot your user ID?' and 'Forgot your password?'. A blue circle with the number '1' is positioned to the left of the form.

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

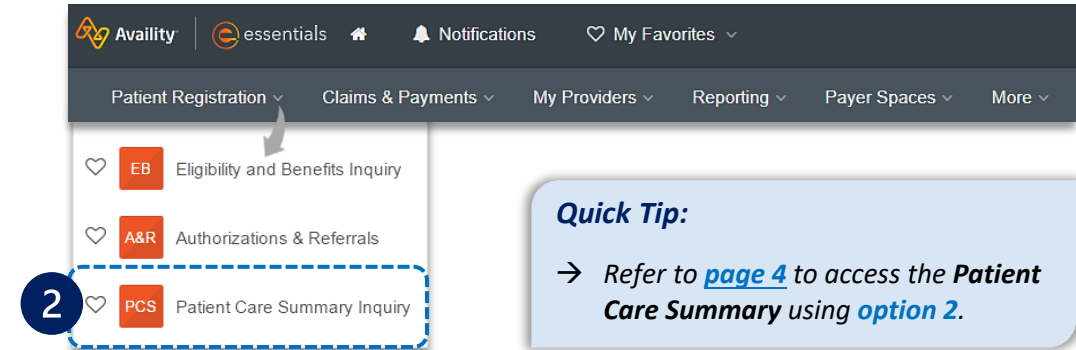
▶ Select [Submit](#)



The image shows the 'Patient Care Summary' form. It has sections for 'Provider Information' and 'Patient Information'. The 'Provider Information' section includes dropdowns for 'Payer ID' (BCBSIL), 'Organization' (ABC ORGANIZATION), 'Provider' (ABC CLINIC), and 'NPI' (1234567890). The 'Patient Information' section includes fields for 'Patient ID' (ABC123456789), 'Date of Birth' (03/30/1984), 'First Name' (JANE), and 'Last Name' (DOE). A dashed blue box highlights the 'Submit' and 'Clear' buttons at the bottom, with a blue circle containing the number '3' to its left.

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

▶ Select [Patient Care Summary Inquiry](#)



The image shows the Availity navigation menu. A dashed blue box highlights the 'Patient Care Summary Inquiry' option under the 'Patient Registration' dropdown. A blue circle with the number '2' is positioned to the left of the menu.

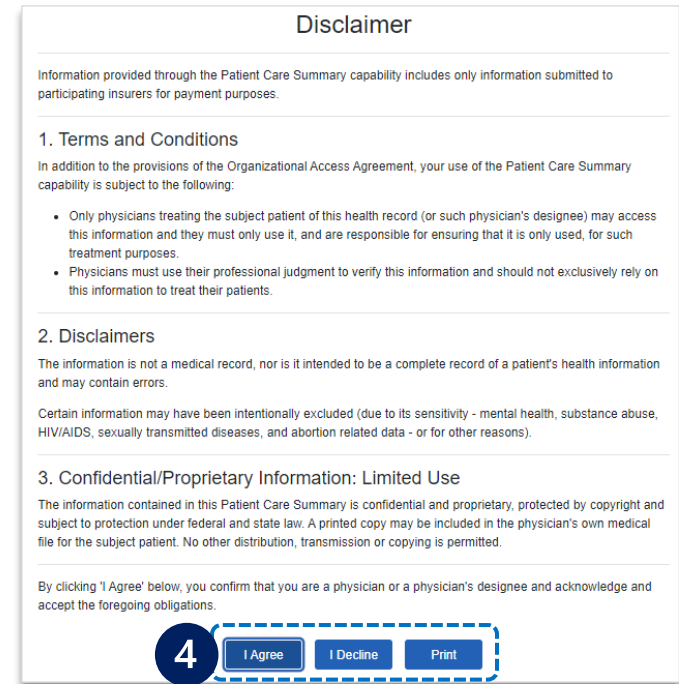
**Quick Tip:**

→ 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.



The image shows a 'Disclaimer' form. It contains text about information provided through the Patient Care Summary capability, terms and conditions, disclaimers, and confidential/proprietary information. At the bottom, there are three buttons: 'I Agree', 'I Decline', and 'Print'. A dashed blue box highlights the 'I Agree' button, with a blue circle containing the number '4' to its left.



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

- ▶ 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

A

## 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
- Payers
- Plan of Care
- 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

Show More Print Back to Top

### 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

Show More Print Back to Top

### 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

Show More Print Back to Top

### Relevant diagnostic tests and/or laboratory data

No Data Available

B

## 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		

Show More Print Back to Top

## 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

Print Back to Top

## 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

Print Back to Top

### 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

Show More Print Back to Top

### 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

Show More Print Back to Top

## Social History

Not Applicable

## Vital Signs

Not Applicable

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.



## Descriptions:

A

→ **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.

B

→ **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**

*Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.*

*The information provided in this user guide is proprietary and confidential information of BCBSIL pursuant of Provider's BCBSIL participation agreements. This information is not to be distrusted or shared with unauthorized individuals without the express approval of BCBSIL.*