



Availity[®] CareProfile[®]

The Availity CareProfile (ACP) is an electronic health record sourced from claim-based information collected by Blue Cross and Blue Shield of Texas (BCBSTX) 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 BCBSTX 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-BCBSTX

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

Signing on to Availity

- Go to the Availity Web site at www.availity.com.
- Key in your user ID and password.
- Click **Login**.*

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

To get started, enter your user ID and password.

User ID:

Password:

Accessing the Tool:

Once you log into Availity,

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

availity[®]
Patients. Hot Paperwork.

Eligibility and Benefits Inquiry

Online Batch Management

Auths and Referrals

Claims Management

EDI File Management

CareProfile

Administrative Reporting

Customer Support

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: ? BCBSTX

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

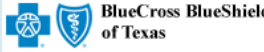
For eligible members only, after you have completed a successful Eligibility and Benefits Inquiry, a **CareProfile** option will be available at the top and bottom of the screen for you to select.

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
BCBSTX	321321321	01/01/1970	Female



Plan/Product Information

Plan/Product	Network Advantage
Payer	BCBSTX
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 Collect Payment		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.

Print Page Edit Inquiry CareProfile CareCost Estimator

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

Availity Care Profile Summary Report

Care Profile for: JANE DOE

Age: 39 **Gender:** Female **Address:** 1234 Beach Avenue, El Paso, TX 75000
DOB: 01/01/1970 **Phone(H):** (123) 456-5555 **Phone(W):** (123) 456-5555
ID: XYZA321321321 **Eligibility:** 01/01/2007 -
PCP: **PCP ID:** **PCP Phone:**
Payer: BCBSTX
Report generated on: 1/20/0910
Report based on services provided as of: 1/20/0910

[Print](#)

Provider Seen

Provider Name	Specialty	Phone #	Last Service Date
JOHN SMITH	INTERNAL MEDICINE	111-222-3333	07/01/2009
DOOGIE HOWSER	CARDIOLOGY	111-222-3334	12/12/2008
GREGORY HOUSE	EMERGENCY MEDICINE	111-222-3335	09/03/2007

Medical Conditions

Severity	Condition	Start Date
Low	LABORATORY/PATHOLOGY/RADIOLOGY EXAM/TEST,OR ABN.FINDING	02/26/2008
Medium	OBESITY	02/17/2008
Medium	HYPERTENSION (HIGH BLOOD PRESSURE)	12/12/2007

Medications

Medication Class	# Fills	Last Fill Date
DILTIAZEM LONG ACTING	12	02/24/2008
ATORVASTATINLIPTOR	5	02/24/2008
METFORMIN	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 Pcdr	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 & Benefits request was processed for any of the below groups:
 - Texas Health Insurance Pool (ZGR-Alpha)
 - TXFEP00 when selecting anything other than BCBSTX
 - ZGM-Alpha Prefix Group #s: 0TX103, 0TX100, 0TX203, 0TX103, 0TX124, 0TX103
 - ITW Corporate Retirement
- The patient is a twin for which the Eligibility & 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, BCBSTX has no record of the service.
- The claims were adjudicated by a payer or health plan other than BCBSTX 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. BCBSTX returns results from the past 27 months.
- The patient is new and does not have claim history for BCBSTX.
- 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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