

A H I N

ADVANCED HEALTH INFORMATION NETWORK

Arkansas Medical Society
Workshop
Fall 2013

Eligibility
Necessary Evil

All Arkansas Blue Cross
family of companies

Arkansas Medicaid

Medicare (requires access)

Out of State Blue Cross

Access Only

Other Commercial Payers
(requires access)

Eligibility

The screenshot shows the AHIN Advanced Health Information Network website. The header is blue with the AHIN logo and the tagline "Empowering Health Care Professionals with Information at the Point of Service". Navigation links include Home, Insurance, Members, Providers, Links, Admin, and API Portal. A dropdown menu for "Members" is open, showing options like "Arkansas Members/In State", "Out of State BCBS/FEP", "Commercial", "Arkansas Medicaid", "Commercial Inquiries", and "Access Only". A "Quick Search" section has input fields for Last Name, First Name, and Birth. A "Bulletin Board" section is visible with a table header: Action, Description, Date Posted.

AHIN Advanced Health Information Network
Empowering Health Care Professionals with Information at the Point of Service

Home Insurance Members Providers Links Admin API Portal Cache Tutorial Print Help

Arkansas Members/In State
Out of State BCBS/FEP
Commercial
Arkansas Medicaid
Commercial Inquiries
Access Only

Quick Search

Last Name:
First Name:
Birth:

IN Alerts

012 Preparatory Materials for Next Week's ENT, GI & Surgical Providers Public Workgroup Meeting
here to access preparatory materials for next week's public workgroup meetings (Cholecystectomy & Colonoscopy; materials available after 5pm on
ber 21st. Under Workgroup & Training Mater...[more]

AHIN Bulletin Board

Action	Description	Date Posted
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Eligibility-Commercial


AHIN Commercial Inquiry

[Home](#) [Insurance](#) [Members](#) [Providers](#) [Links](#) [Admin](#) [API Portal](#)

[Cache](#) [Tutorial](#) [Print](#) [Help](#)

Search Criteria

 Search

 Trans Hist

 Clear

* Last Name: * First Name: Suffix:
* Birth Date: SSN: Gender:
* Member ID:

* Payer:
* Prov. Id: or
* Type of Service:
Service From:  Service To: 

* Required Fields

Eligibility-Commercial

AHIN Benefits for TEST PERSON

Home Insurance Members Providers Links Admin API Portal Cache Tutorial Print Help

Comm Search

Member Number: W9999999901 Member Name: TEST PERSON Birth Date: 12/14/1984 Gender: F

Service Types

84: Abortion
13: Ambulatory Serv Center Fac
07: Anesthesia
BG: Cardiac Rehabilitation
78: Chemotherapy
33: Chiropractic
35: Dental Care
05: Diagnostic Lab
73: Diagnostic Medical
04: Diagnostic X-Ray

Payer Insured **Current Benefits** Other Source of Data

30 Universal Benefits [Click here to Review Contract Level Benefits](#)
Deductible, Out of Pocket and Lifetime Limitations are generally at the Universal Benefits level (Health Benefit Plan Coverage). These benefits will not be repeated in the other services unless the benefit amount is different.

	In Network	Out of Network
Employee Only Active Coverage		
Individual Deductible	Eligibility: 12/29/2012 \$500.00 (Contract)	Eligibility: 12/29/2012 \$500.00 (Contract)

ICD 10 Preparation

Be Ready!

Arkansas Blue Cross Blue Shield wants to ensure all providers are prepared for transition into ICD-10.

October 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

www.free-2014-calendar.com



Arkansas Blue Cross Blue Shield and family of companies will be accepting ICD-10 test files starting October 2013.

- Providers can learn more about our ICD-10 testing process by visiting our ICD-10 Resource Center at www.arkansasbluecross.com/providers/ICD10ResourceCenter.aspx



ICD 10 Preparation

- Verify your Practice Management System vendor will be updated and ready for ICD 10.
- Create test files using claims previously paid under ICD-9 codes.
- Ensure your test file is sent with a “T” in the ISA 15 location.
- Test files may be submitted in the same method as a production file.
- Test file results will be available on AHIN or by downloading reports.
- Once the ICD-10 claims are passed on to the test systems, payers will create a paper remittance and an electronic remittance advice.
- Review the test RA's/835's to verify correct payment by comparing to previously paid claims.

New Dashboard

At a Glance

AHIN Dashboard

AHIN Advanced Health Information Network
Empowering Health Care Professionals with Information at the Point of Service

[Home](#) [Insurance](#) [Members](#) [Providers](#) [Links](#) [Transfer](#) [Tutorial](#) [Print](#) [Help](#)

■ Show

■ Show

■ Show

■ Show

Claim Search | Results

Claim Status Search

Dashboard

Reports

Test Reports

File/Batch Summary

Quick

Last Na

First Na

Birth:

Claim N

Clai

Mem

CPT/E

Remittance Advices

Refund Requests

MRR Search

Overpayment Request

Fee Schedule

Code Sets

Open File List

New File

File Upload

Procedure Code:

AHIN Alerts

11/28/2012 **Read this Message!!**
New Stuff

11/21/2012 **Preparatory Materials for Next W**
Click here to access preparatory materials for next week's Workgroup & Training Mater...[more]

Public Workgroup Meeting

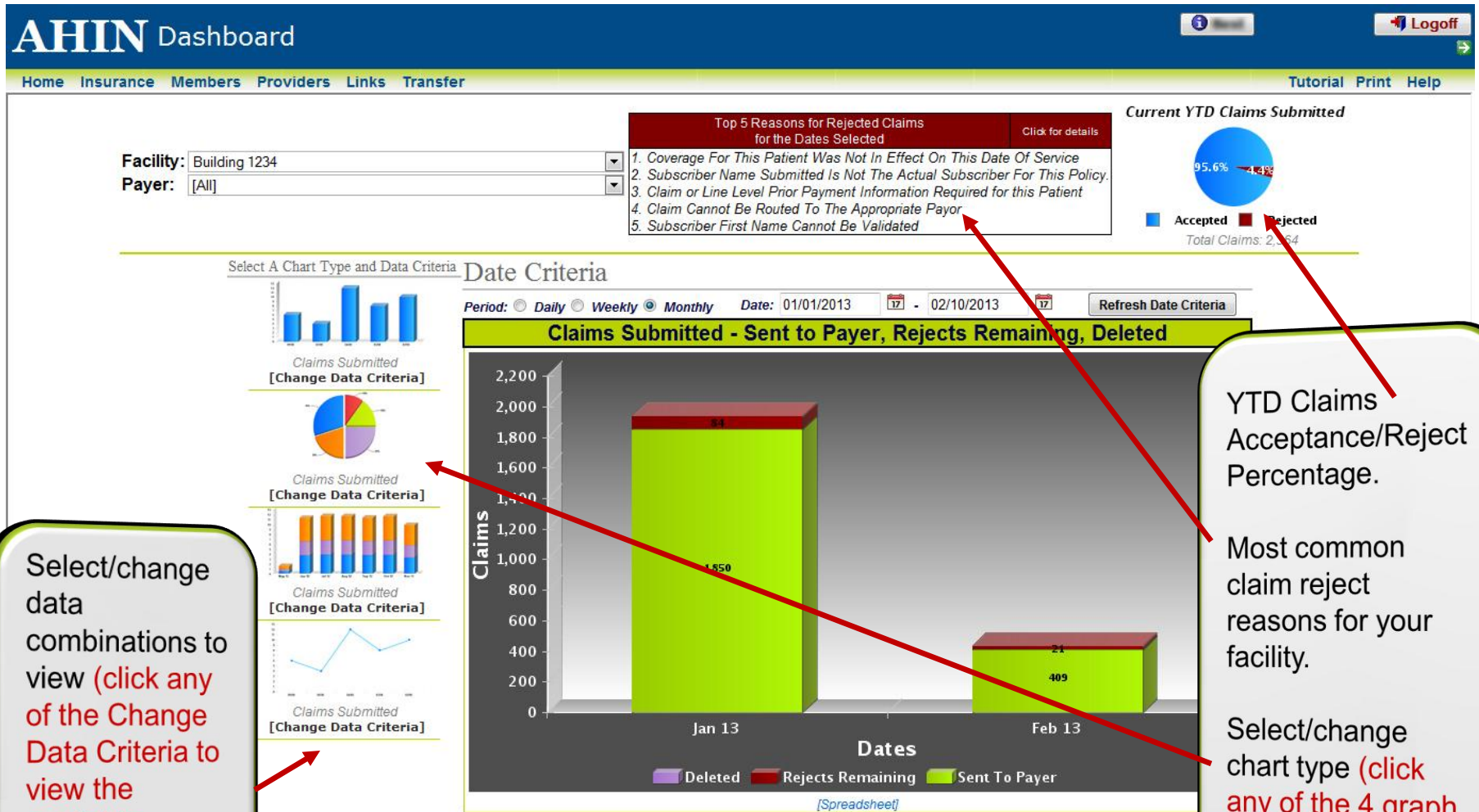
Colonoscopy; materials available after 5pm on November 21st. Under

▼ **AHIN Bulletin Board**

Action	Description	Date Posted
▶ AHIN Clearinghouse Edits / Information		
▶ Fee Schedules		
▶ Forms		
▶ Arkansas Payment Improvement Initiative		
▶ Provider News		
▶ User Guides/Instructions		

Select Dashboard from the Insurance Tab on the Menu Bar

AHIN Dashboard



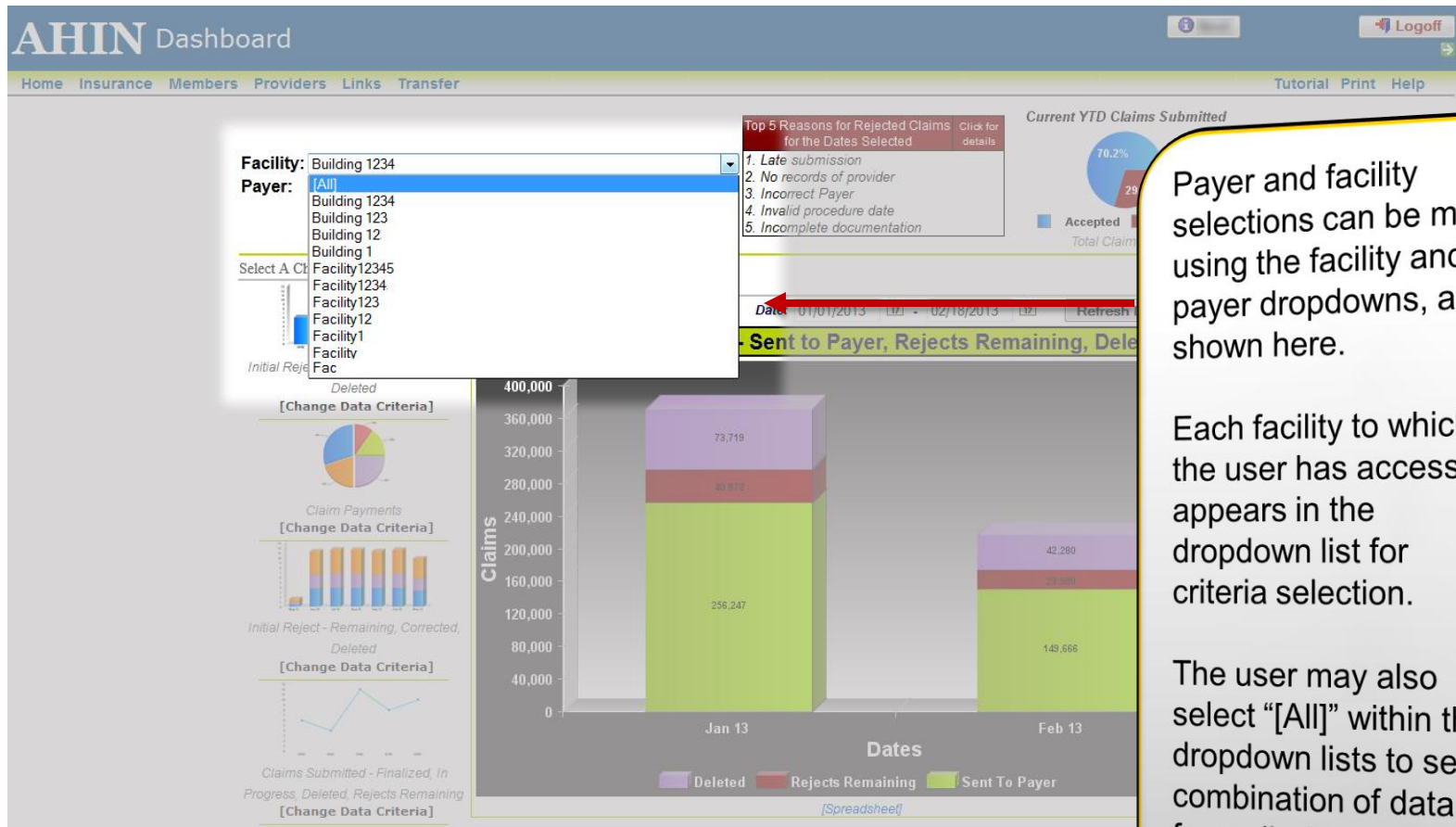
Select/change data combinations to view (click any of the Change Data Criteria to view the available combinations)

YTD Claims Acceptance/Reject Percentage.

Most common claim reject reasons for your facility.

Select/change chart type (click any of the 4 graph icons)

Search Criteria – Facility and Payer

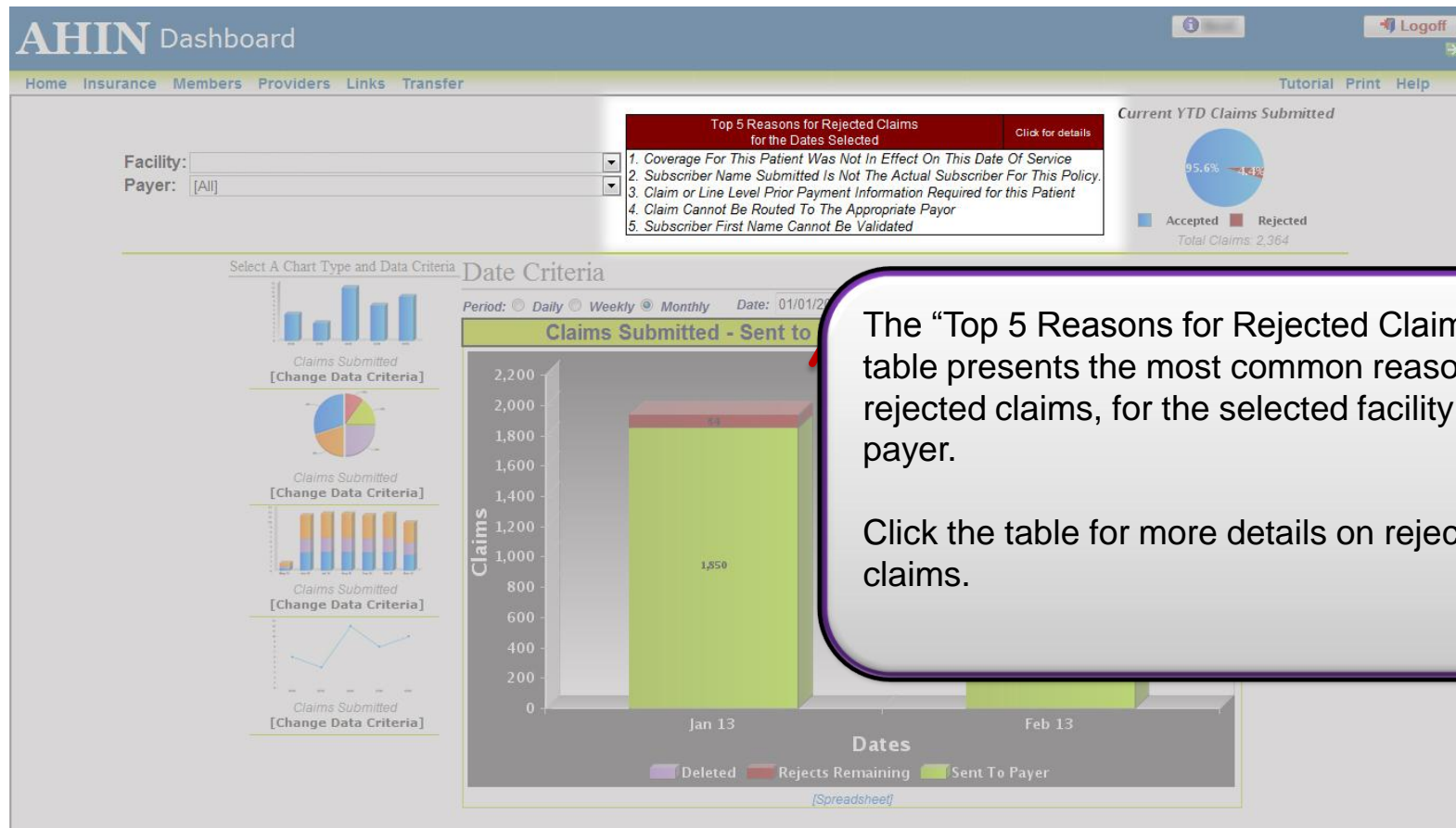


Payer and facility selections can be made using the facility and payer dropdowns, as shown here.

Each facility to which the user has access appears in the dropdown list for criteria selection.

The user may also select "[All]" within the dropdown lists to see a combination of data from all of the user's listed facilities or payers.

Top Reasons for Rejected Claims



Top Reasons for Rejected Claims, Cont.

Reasons for rejected claims are automatically sorted by the frequency the reject reason occurred.

To change the sort order click on the "Reject Reason" column heading. The data will be sorted alphabetically by reject reason description

Click on any listed reject reason to view a pop-up window containing more details about the dates on which the rejects occurred.

To close the pop-up detail window, re-click the reject reason again.

Clicking the "Top Reasons for Rejected Claims" table displays a detailed spreadsheet of reasons for rejected claims for the current facility, payer, and date range selections.

AHIN Dashboard

Home Insurance Members Providers Links Transfer

Logoff

Top 5 Reasons for Rejected Claims for the Dates Selected [Click for details](#)

1. Coverage For This Patient Was Not In Effect On This Date Of Service
2. Subscriber Name Submitted Is Not The Actual Subscriber For This Policy.
3. Claim or Line Level Prior Payment Information Required for this Patient
4. Claim Cannot Be Routed To The Appropriate Payor
5. Subscriber First Name Cannot Be Validated

Criteria Date Criteria

Period: ☐ Daily ☐ Weekly ☒ Monthly Date: 01/01/2013 - 02/11/2013 Refresh

Top Reasons for Rejected Claims

Showing 1 to 12 of 13

Rank	Reject Reason	Claim Count
1	Coverage For This Patient Was Not In Effect On This Date Of Service	38
2	Subscriber Name Submitted Is Not The Actual Subscriber For This Policy.	19
3	Claim or Line Level Prior Payment Information Required for this Patient	16
4	Claim Cannot Be Routed To The Appropriate Payor	14
5	Subscriber First Name Cannot Be Validated	11
6	Prior Payer Name is Required for this Patient	8
7	Unable To Determine Patient Eligibility - Patient Not Found On Submitted Policy	8
8	Cannot Be Validated	7
9	Prefix indicates coverage inactive for the date of service.	6
10	Invalid Patient Eligibility - Policy Number or Prefix Invalid	6
11	Subscriber Last Name Cannot Be Validated	4
12	Claim Frequency Code Must be equal to 1.	3

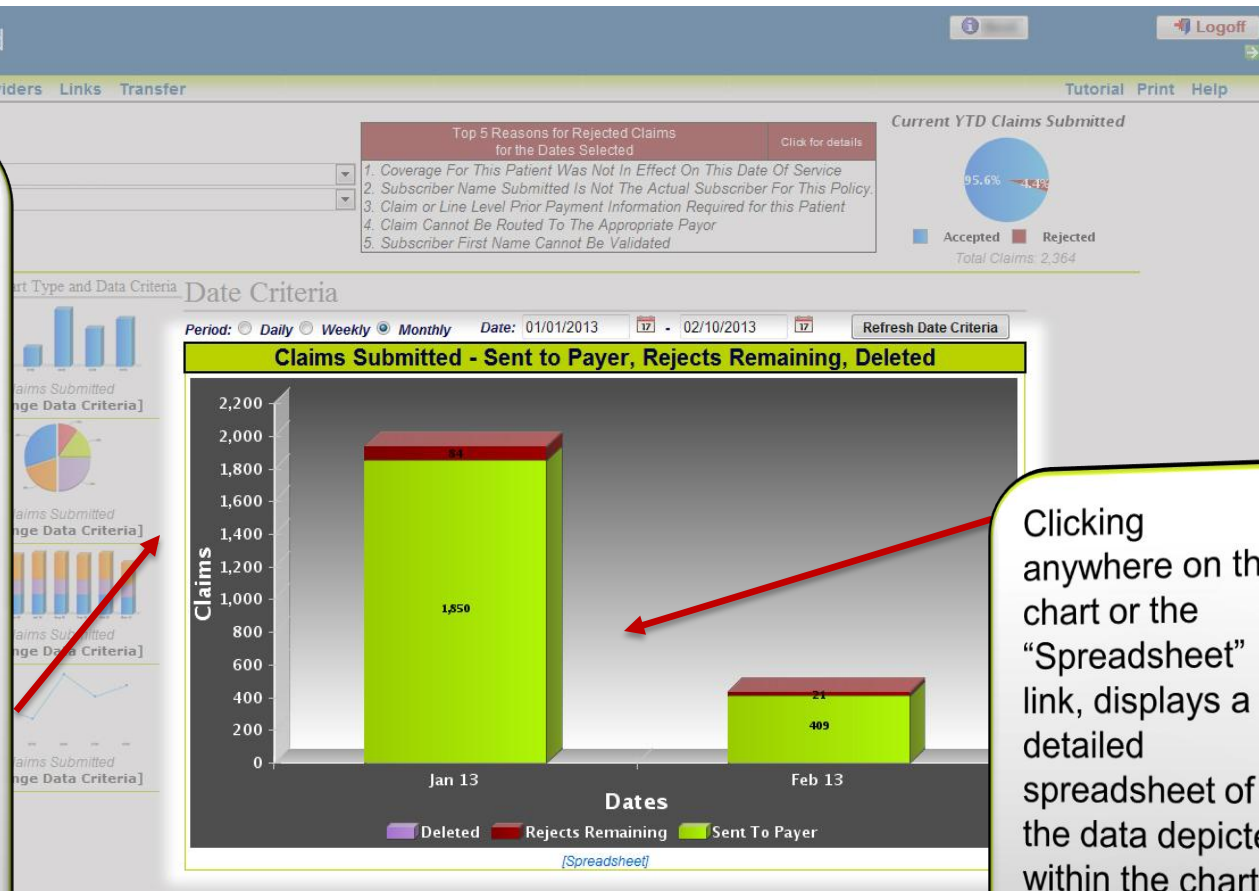
[Return to Primary Chart]

Chart Viewing Pane

The center of the Dashboard displays the currently selected chart.

This chart will change based upon payer, facility, time period and date-range criteria selected in the search criteria sections of the page.

Both the chart's title (above) and legend (below) describe which claim or request types are currently being viewed within the chart.



Clicking anywhere on the chart or the "Spreadsheet" link, displays a detailed spreadsheet of the data depicted within the chart.

Chart Detail Spreadsheet

This detailed view of chart data appears when the “*Spreadsheet*” link is selected.

Each column in the spreadsheet represents one data type, or “metric” in the chart.

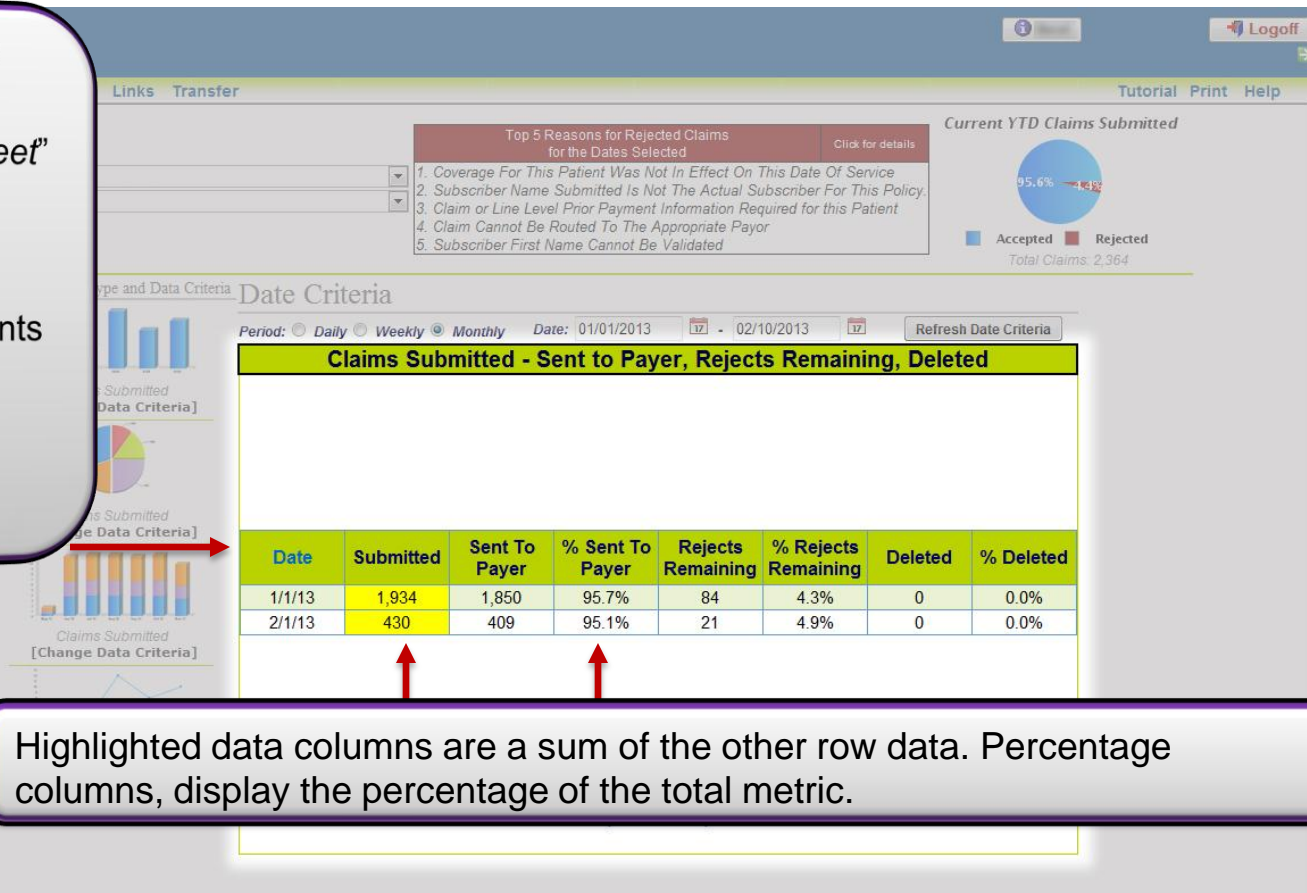


Chart Type and Data Criteria Selection

AHIN Dashboard

Home Insurance Members Providers Links Transfer Tutorial Print Help

Facility: Payer: [All]

Top 5 Reasons for Rejected Claims for the Dates Selected

1. Coverage For This Patient Was Not In Effect On This Date Of Service
2. Subscriber Name Submitted Is Not The Actual Subscriber
3. Claim or Line Level Prior Payment Information Required for this Claim
4. Claim Cannot Be Routed To The Appropriate Payor
5. Subscriber First Name Cannot Be Validated

Click for details

Current YTD Claims Submitted

Select A Chart Type and Data Criteria

Claims Submitted

[Change Data Criteria]

Initial Rejects

Claims Corrected

Claims Deleted

Claims Finalized

Claim Payments

Claims Submitted - Initial Accepted, Initial Rejected

Initial Reject - Remaining, Corrected, Deleted

Claims Submitted - Finalized, In Progress, Deleted, Rejects Remaining

MRR Requests Open

MRR Requests Closed

MRR Requests Cancelled

MRR Requests - Cancelled, Closed, Open

Accepted, Initial Rejected

Claims Submitted - Initial Accepted, Initial Rejected

[Change Data Criteria]

Claims Submitted

[Change Data Criteria]

Claims Submitted

[Change Data Criteria]

Accepted Rejected

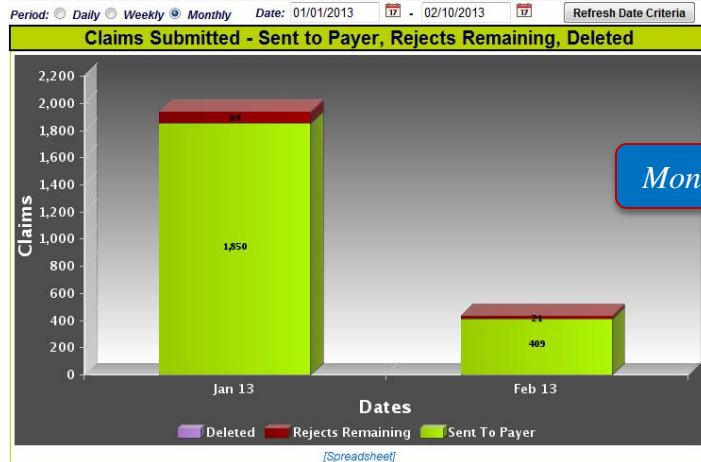
[Spreadsheet]

Click the "Change Data Criteria" link below a chart type to view and select from a pop-up list of available data combinations.

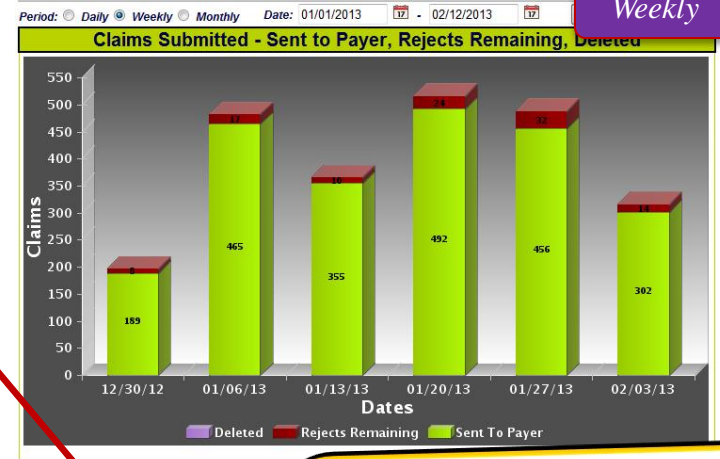
Select a data combination and the chart will be displayed in the viewing pane at the center of the Dashboard.

Search Criteria – Time Period & Date Range

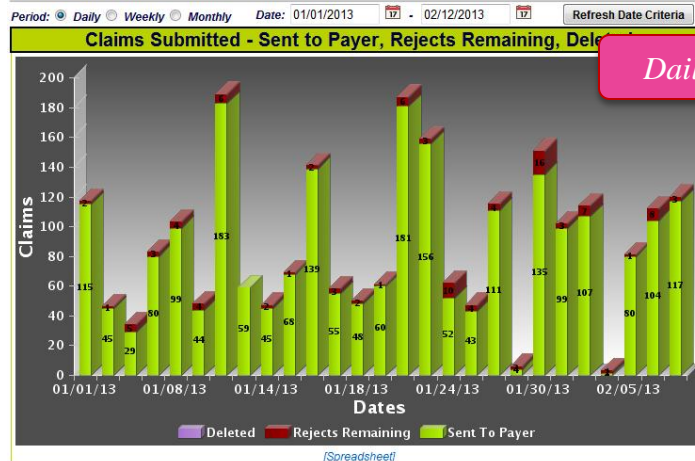
Date Criteria



Date Criteria



Date Criteria



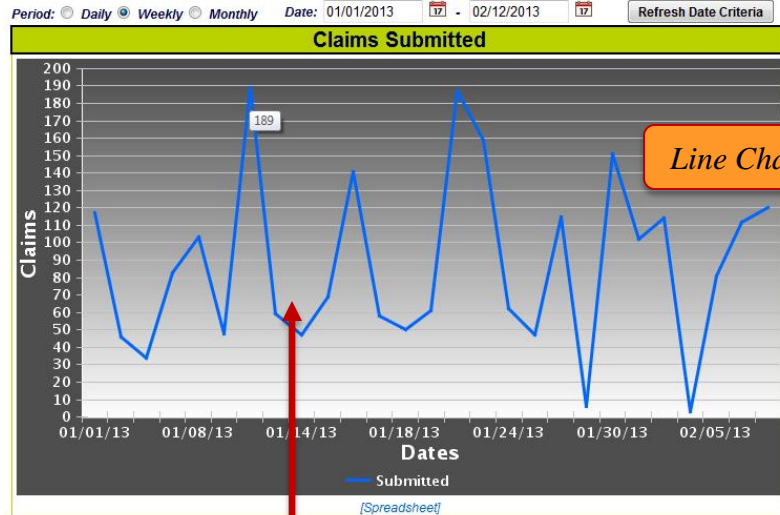
In Bar and Stacked Bar charts, one bar represents a single period –

- one month
- one week
- one day

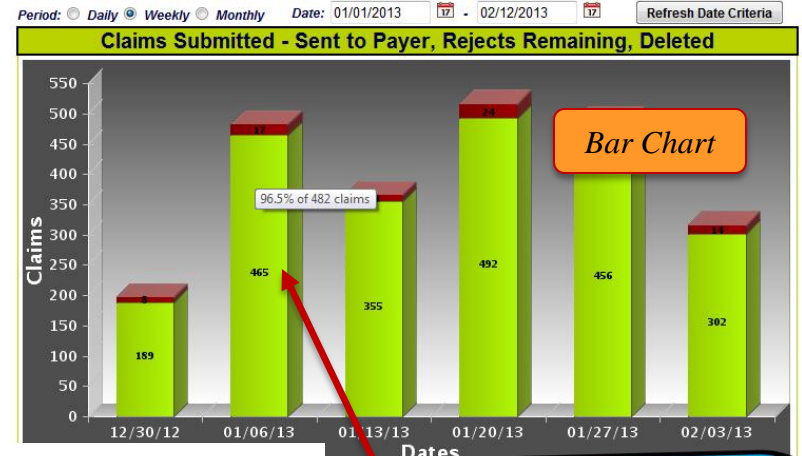
depending upon the user's time period selection.

Chart Viewing Pane – Flyover Details

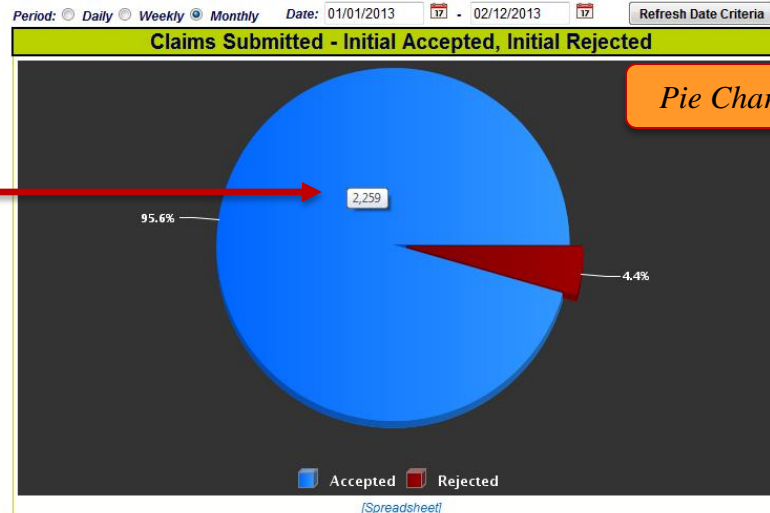
Date Criteria



Date Criteria



Date Criteria



In Pie and Line charts, flyovers present the total number of claims or requests included in the particular data point.


In Bar and Stacked Bar charts, flyovers present what percentage of the total the bar represents.

Personal Health Record


- Providers have access to most Arkansas Blue Cross members' PHR.
- Member has the ability to “Opt Out” or “Hide” selected data.
- Data is based on received pharmacy and medical claim data.
- Access can be requested by contacting the PHR team by phone 501-378-3253 or email to:

personalhealthrecord@arkbluecross.com

Personal Health Information

**Personal**
HEALTH RECORD

Health Summary for Test M Person
Age: 43

 [Log Out](#)

User: Kim Allen

Monday, September 9, 2013

Welcome
User Account
Member Search
Print Clipboards
Tutorial
FAQ
Security / Privacy Policy
Legal Notice
Health Record
Health Summary
Personal Profile
Visits
Diagnoses







TEST M PERSON
601 GAINES
LITTLE ROCK, AR 72201

Date of Birth: **08/31/1970 (43)**
Gender: **Female**
Race: **Caucasian**
Marital Status: **Married**
Person Id: **4 (Src:)**



E-Mail: **testguy@bluecross.com**
Emergency Contact: **Blue Person**
Contact Relationship: **Spouse**
Contact Telephone: **(501) 000-2222**
Member Id: **XCA12345601**

[Return Search Results](#)

CHRONIC CONDITIONS / RISK FACTORS

 Diabetes  Hypertension  Cancer  Chronic Obstructive Pulmonary Disease  Coronary Artery Disease  Allergic to Dog/cat/pet

TREATMENT OPPORTUNITIES

 Our claim records indicate this patient has not had a pap smear in more than 36 months.
 Our claim records indicate this patient has not had mammogram in more than 24 months.

Member Medical Data

This Health Summary Page shows the three most recent service/treatment dates. For additional dates, use the links on the left to go to the appropriate detailed service page.

MEDICATIONS

Select a medication to view more information.

[View All](#)

Search Results - # of records: 34

	Date	Medication	Quantity	Days	Pharmacy	Physician
▷	07/30/2013	Levothyroxine 50mcg Tab	30	30	Walmart Pharmacy 10-0468	John Stanley Griffin
	07/29/2013	Medication Hidden by Patient				
▷	07/13/2013	Dronabinol 5mg Cap	60	30	Highlands Pharmacy	Christie M Hancock

OUTPATIENT & OFFICE VISITS

Select a visit to view more information.

[View All](#)

Search Results - # of records: 22

	Date	Diagnosis	Provider	Facility
▷	07/17/2013	25000: DIABETES UNCOMP TYPE II Diagnosis Hidden by PHR System 4019: HYPERTENSION UNSPEC 73300: OSTEOPOROSIS UNSP	GEOFFREY DUNAWAY	
▷	06/25/2013	2449: HYPOTHYROIDISM UNSPEC 25002: DIABETES UNCOMP TYPE II UNCONT 2724: HYPERLIPIDEMIA OTH/UNSPEC 72660: ENTHESOPATHY KNEE UNSPEC		
▷	02/02/2013	Diagnosis Hidden by Patient 4019: HYPERTENSION UNSPEC 462: ACUTE PHARYNGITIS 4739: CHRONIC SINUSITIS UNSPEC 53081: ESOPHAGEAL REFLUX 60000: HYPERTROPHY PROSTATE W/O OBS	JAMES CLARK	CONWAY REGIONAL MEDICAL C

Member Medical Data

Members have the ability to enter data and share with their providers.

Blood Sugar

Blood Pressure

Height/Weight

All data on the Health Tracker page is based on information entered by the patient or a representative of the patient.

Time Period
☒ 1 Month ☐ 3 Months ☐ 12 Months ☐ All
or
Start Date: End Date:
(mm/dd/yyyy) (mm/dd/yyyy)

Search

Search Results - # of records: 4

Date	Breakfast	Lunch	Dinner	Other	Notes	
8/5/13	Pre: 110 Post: 115 Insulin:	Pre: 110 Post: 110 Insulin:	Pre: 105 Post: 110 Insulin:	Pre: Post: Insulin:		
8/1/13	Pre: 95 Post: 100 Insulin:	Pre: 100 Post: 105 Insulin:	Pre: 100 Post: 105 Insulin:	Pre: Post: Insulin:		
7/25/11	Pre: 115 Post: 120 Insulin: 0	Pre: 125 Post: 130 Insulin: 1	Pre: 130 Post: 125 Insulin: 0	Pre: Post: Insulin:		
7/5/11	Pre: 132 Post: 102 Insulin: 2	Pre: 102 Post: 132 Insulin: 0	Pre: 150 Post: 120 Insulin: 0	Pre: Post: Insulin:		

Member Medical Data

Diagnosis List serves as a Problem List, displaying each diagnosis only once with the latest date of service.

DIAGNOSES	
<div>Time Period</div> <div><input checked="" type="radio"/> 3 Months <input type="radio"/> 6 Months <input type="radio"/> 12 Months <input type="radio"/> All</div>	
Search Results - # of records: 26	
Date	Diagnosis
08/01/2013	V061: VACCINE FOR DTP COMBINED
08/01/2013	25001: DIABETES UNCOMP TYPE I
08/01/2013	7030: INGROWING NAIL
08/01/2013	8261: FX PHALANX FOOT OPEN
07/18/2013	4011: BENIGN HYPERTENSION
07/18/2013	78039: OTH CONVULSIONS
07/18/2013	79029: OTH ABNORMAL GLUCOSE
07/17/2013	25000: DIABETES UNCOMP TYPE II
07/17/2013	Diagnosis Hidden by PHR System
07/17/2013	4019: HYPERTENSION UNSPEC
07/17/2013	73300: OSTEOPOROSIS UNSP
06/25/2013	2449: HYPOTHYROIDISM UNSPEC
06/25/2013	25002: DIABETES UNCOMP TYPE II UNCONT
06/25/2013	2724: HYPERLIPIDEMIA OTH/UNSPEC
06/25/2013	72660: ENTHESOPATHY KNEE UNSPEC
06/05/2013	Diagnosis Hidden by Patient
05/26/2013	V850: BMI LESS THAN 19, ADULT
05/26/2013	1629: MALIG NEO BRONCH/LUNG UNSPEC
05/26/2013	49121: OBST CHR BRONCHITIS W/EXAC
05/26/2013	5849: ACUTE RENAL FAILURE UNSPEC
04/08/2013	41401: ATHEROSCLER NATIVE COR ART
02/02/2013	Diagnosis Hidden by Patient
02/02/2013	462: ACUTE PHARYNGITIS
02/02/2013	4739: CHRONIC SINUSITIS UNSPEC
02/02/2013	53081: ESOPHAGEAL REFLUX
02/02/2013	60000: HYPERTROPHY PROSTATE W/O OBS

Coming in 2014

Blue Cross and Blue Shield Plans are launching a new tool allowing providers the ability to access out-of-area member's Blue Plan (Home Plan) provider portals to conduct electronic pre-service reviews. The term pre-service review is used to refer to pre-notification, pre-certification, pre-authorization and prior approval, amongst other pre-claim processes. Electronic Provider Access (EPA) will enable providers to use their local Blue Plan provider portal to gain access to an out-of-area member's Home Plan provider portal, through a secure routing mechanism. Availability is determined by the individual plan.

AHIN Pre-Service Review for Out-of-Area Members
Includes Notification, Pre-Certification, Pre-Authorization and Prior Approval

Home Insurance Members Providers Clearinghouse Links Admin Transfer API Portal

You may view the out-of-area Blue Plan's medical policy or general pre-certification/pre-authorization information, or request a pre-service review.

Please select the type of information requested, enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Verify".

☒ Medical Policy
☐ General Pre-Certification/Pre-Authorization Information
☐ Request Pre-Service Review *(Check Out of State Member benefits for specific Authorization/Certification requirements)*

Alpha Prefix:

Note: If you experience difficulties or need additional information, please contact AHIN Customer Service at (501) 376-2336 or customersupport@ahin.net



A H I N

ADVANCED HEALTH INFORMATION NETWORK



AHIN Basic
Services



AHIN Extended
Services

AHIN | ADVANCED HEALTH
INFORMATION NETWORK
PROFESSIONAL SERVICES

If you need additional information regarding
AHIN Professional Services or AHIN
Clearinghouse

Phone: 501-378-2446

Email: info@ahinservices.com

Website: www.ahinservices.com

If you need additional information regarding
AHIN or AHIN training

Phone: (501) 378-2336

Email: customersupport@ahin.net