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Introduction

Welcome to the Provider Link User’s Guide. This guide is designed to help providers quickly and easily learn to use the provider platform.

Provider Link is a population health management tool for providers. It is accessed through Availity® in Florida Blue Payer Spaces. It provides information, analysis and automatic prompts for providers who want to orchestrate the care of their Florida Blue member populations – through things like care gaps, coding opportunities, census data, member rosters and so on.

Provider Link is being developed to accommodate providers’ need to effectively and wisely manage the unique care challenges and responsibilities associated with Medicare Advantage patients. Importantly, it mitigates a problem with data latency and inconsistencies found in existing tools. Here are its key benefits:

- Allows for near real time and dynamic access to patient data. Thus, you will no longer have to export large amounts of information you may not need. Instead, you can view and export only the information you need.
- Consolidates access to tools, links, and resources on a single landing page – thereby improving your efficiency.
- Provides automated notifications about, and clinical insights into, the health of your patients – enabling you to improve the quality of, and more effectively manage, their care in value-based programs.

Getting Help

It is important to us that you are aware of ways to get help quickly, should you need it. If you encounter any difficulty, need assistance or support, please call 800-282-4548.

Finally, you can find additional learning material at the Florida Blue Learning Center found in Availity.
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Getting Started

Let’s get started using Provider Link. Before you begin, first make sure that:

1. You have been granted access to the platform through Availity (reached at https://apps.availity.com/availity/web/public.elegant.login). If not, have your Primary Access Administrator (PAA) do so by assigning the Provider Portal role to you in your user profile.

2. You have the latest version of either Google Chrome or Microsoft Internet Explorer installed as a browser on your desktop or laptop computer. No other browsers are currently supported by the platform.

Screen Resolution

The platform supports several standard screen resolutions: 1024 x 820, 1280 x 1024, 1366 x 1024 and 1920 x 1080. While it is not necessary to use one of these tested resolutions, if you find the application is not displaying as well as it should, set your screen to one of them for optimal results.

Logging into the Platform

Because user security is handled by Availity, you must first log in there to access Provider Link:
1. Simply enter your User ID and Password and click the Log in button to access the Availity platform.

2. Once in Availity, click on the Payer Spaces menu in the top part of the screen:

![Availity Home Page](image)

3. Next click on the Florida Blue icon as pictured above. This will bring you to the Florida Blue Payer Space page. There (providing you’ve been granted access to the portal), you will see a tile labeled “Provider Portal”. Should you be associated with more than one Florida Blue number, you will first need to select the one you want to use. Click on the tile. If you represent an organization or provider that only manages Medicare Advantage patients, you will go directly to the Medicare provider platform upon selecting this tile. Most providers, however, will be given the further option to enter either the commercial or the Medicare Advantage platform (as shown below):

![Portal Selection Options](image)
Click on the **Florida Blue Medicare** box on the right to navigate to the provider platform landing page.

Using the Platform

Once you have logged in through Availity, you will find yourself on the Provider Link landing page pictured below:

![Provider Link Landing Page](image)

Let’s spend some time getting acquainted with the layout and functionality of the platform’s user interface before learning about its specific features.

If you have considerable experience using Web applications and just want to dive into using the platform, feel free to skip ahead to the next section (Commonly Performed Actions) or to any chapter in this User’s Guide.

On the screenshot of the landing page shown above, there are several numbered callouts identifying key elements of the platform’s user interface. These are explained below:

**View Providers** – Clicking on this icon brings up a window (pictured below) with a roster of your organization’s providers. **Note**: If you are a PCP that is not part of an organization, this option will not appear on the page.
This roster displays each provider’s name, Florida Blue Number, specialty, group name and group Florida Blue Number in different columns. A These columns may be sorted alphabetically in either ascending or descending order (as indicated by the up or down arrow). B The entire roster may be exported to an Excel spreadsheet by clicking on the Export File icon in the top right corner of the window. Depending on its size, it is either opened from the download notification bar at the bottom of the browser (less than 5,000 rows) or from the My Downloads option on the User Menu (more than 5,000 rows). The file name will be formed by a combination of the provider name, Florida Blue number, module data type, date and timestamp. That way you can always tell what a file is, and when and by whom it was created.

All Excel files created by the Export option may be found in the default downloads directory of your hard drive. You can open, modify, move or delete these files from there – apart from Provider Link – using your operating system’s file manager (such as File Explorer in Windows 10).

Platform Toggle Button – This button acts as a toggle switch, allowing you to move easily back and forth between Provider Link (focused on your Medicare Advantage patients) and ProviderVista (focused on your commercial insurance patients). You will only see this button if you are a provider that is contracted with both Commercial AND Medicare Advantage products.

Notifications – This icon serves as a non-functional placeholder for a planned message center (the specific details of which are being worked out).
4 **User Menu** – This menu currently has two options: **My Downloads** and **Sign Out**. The first allows you to open any large Excel files you have created (in the downloads folder of your hard drive) by exporting data from the platform (small files are opened from the download bar at the bottom of the browser). The second allows you to log out of Provider Link.

5 **Carousel Banner** – This element of the landing page presents various screens of helpful information in a rotating manner. Some of these screens may contain actual links to Florida Blue information pages that, when clicked, will appear in a separate browser tab. You can display any screen in the rotation by clicking on the appropriate dot in the control (● ●).

6 **Provider ID Tile** – This tile prominently displays key identifying information of the current user. If a photograph of the user is available, it will be displayed on the far left of the tile. Otherwise, the generic doctor icon will be displayed.

7 **Menu Tile** – At the bottom of the landing page are several tiles containing all the features available on Provider Link, arranged by their functional category. In the top right corner of these tiles is an Information icon (Information icon). Clicking on that brings up the following online help window:

![Online Help Window](image)

This window provides an explanation of the main features of Provider Link’s modules.

**User Roles**

Your ability to use various features of Provider Link will depend on the role(s) you have been assigned through Availity (which are mapped to user roles within the provider
platform). A new Financial role is being created in Availity to facilitate use of the upcoming Financial module in the provider platform. Refer to your Availity Primary Access Administrator (PAA) for more information about roles.

1. To safeguard patient protected health information (PHI) and prevent infractions of the law, it is essential that an audit of Availity user roles assigned to the staff members of an organization be conducted before Provider Link is used. The provider engagement advocate (PEA) Help Guide tells you how to assist PAAs to do this.

Helpful Tips

As you become acquainted with the provider platform’s user interface (UI), you will find that much of the functionality is the same from module to module. In every module, you will be presented with a list of patients with either action items (Tasks), important notices (Alerts), care measures (Care Gaps), census events (Census) or coding opportunities (Coding Opportunities) associated with them. You may search, filter, sort and finally export each list to an Excel file. You may also view more detailed information (in the Member Snapshot) on any patient by clicking on the corresponding row in the list.

You may notice icons or options that are grayed out or otherwise inoperable. These represent features or functions that will be available in future releases of the provider platform. The present version forms the foundation upon which planned future functionality (such as managing financial concerns, soft-closing care gaps and coding opportunities, and tracking new members) will be built.

Commonly Performed Actions

Your use of Provider Link will involve some commonly performed actions. Click on any of the links below to go to the section in this User’s Guide explaining how to view:

- **Member Rosters (current / new patients)**
- **Care Gaps (report of care gaps)**
- **Tasks (action items and notices)**
- **Census (report of census events)**
- **Alerts (high priority notices)**
- **Coding Opportunities (report of coding opportunities)**
The Notifications module provides you with actionable or informative notices related to the health of your patients – notices that tell you what care gaps, coding opportunities, clinical/care matters and social health issues exist for your members.

Tasks

The Tasks option displays a list of members with associated action items or notices, based on clinical insights and tailored to the unique population of Medicare Advantage patients on your roster. Tasks are clinical actions the platform recommends you take on behalf of a patient. There is usually a response time associated with Tasks, after which Reminders are given to help you better manage your patients’ care. Clicking on this option brings up the Tasks page shown below:

On the screenshot shown above, numbered callouts identify key elements of the Tasks page. These are explained below:

1. **Search** – This function allows you to search for tasks by Member ID, Member Last Name, DOB, Network, Type (and, if a group, PCP). The default operation is **Smart Search**, whereby the search function matches any of these categories to what you enter in the Search field. If, for example, you type a letter followed by a number, then the search function returns a list of patients with Member IDs matching what you’ve typed. You may restrict your search to a single category by selecting one from the drop-down menu:
2 **Task Filter** – Click on this icon to bring up the Task Filter window (shown below). This allows you to manually select which task(s) you wish to display in your main list. Task categories or types not assigned to any patients in your roster will be grayed out as options. Any selected filter is applied to the task data you export to an Excel file.

![Task Filter Window](image)

3 **Export** – Click on this icon to export the complete or filtered list of your tasks to an Excel file which, depending on its size, is either opened from the download notification bar at the bottom of the browser (less than 5,000 rows) or from the My Downloads option on the User Menu (more than 5,000 rows). The file name will be formed by a combination of the provider name, Florida Blue number, module data type, date and timestamp. That way you can always tell what a file is, and when and by whom it was created.
4 **Total Tasks** – This panel in the dashboard shows you the total number of tasks assigned to members on your roster.

5 **View Reminders** – Click on this option to view only a list of Tasks with Reminders attached to them. Reminders are visible “sticky notes” attached to Tasks to remind you that action needs to be taken on a care gap or coding opportunity. Typically, one appears after a certain period has elapsed since a Task was first placed on the Tasks list (often 14 days). The number displayed on the Reminder (as shown in the screenshot above) indicates whether it’s the first, second, third or fourth notice that has been given.

> Some Tasks (such as those associated with an incomplete HRA or a claim for urgent care) have a fixed deadline after which they can no longer be completed. So, it is a good practice to attend to Tasks as soon as you are able to.

6 **High Priority Tasks** – This donut chart shows you the distribution of tasks by priority. It also can act as a filter, but (unlike the filtering charts in other modules) you can only filter by one priority at a time, and your choice is not mirrored in the options found in the Task Filter window described above. If you select one priority and then another, the first is automatically deselected (like a switch). Click on the refresh icon () to remove any filter and once again display your entire list of tasks.

7 **Tasks by Category** – The bar chart in this panel shows the number of tasks tabulated by category. Clicking on a bar sets that category as a filter. Clicking on a different bar deselects the first choice and sets the new one as a filter. Click on the refresh icon () to remove any filter and once again display your entire list of tasks.

8 **Member Snapshot** – Click on a row in the list of patients to see all the tasks and alerts (described in the next section) associated with a particular member, along with his or her age, DOB, insurance plan and contact information:
When you mouse over a task or alert, its full text (not always visible in the space afforded by the table column) will appear (as shown above). If the list of tasks and alerts is long, you can search by Type using the Search field. You can also filter the list by using the donut chart beneath the patient information panel. The kebab menu (⋮) on the far-right side of each Task or Alert allows you to manage the tasks and alerts associated with your member. Refer to the Managing Tasks and Alerts section for a complete explanation of how to do this.

**Task Menu** – The kebab menu (⋮) on the far-right side of each row in the Tasks list allows you to manage the Tasks associated with your patients. Refer to the Managing Tasks and Alerts section for a complete explanation of how to do this.

**Alerts**

The Alerts option displays a list of members with important notices related to them. Like Tasks, Alerts call critical matters to your attention. And, like informational Tasks, they do not prescribe any action be taken. They may, however, be tied to the same condition(s) or circumstance(s) that triggered one or more Tasks. There is usually a response time associated with Alerts, after which Reminders are given to help you better manage your patients’ care. Clicking on this option brings up the Alerts page shown below:
Alerts Page

On the screenshot shown above, numbered callouts identify key elements of the Alerts page. These are explained below:

1. **Search** – This function allows you to search for alerts by Member ID, Member Last Name, DOB, Network, Type, PCP and (if an MSO) Group Name. The default operation is **Smart Search**, whereby the search function matches any of these categories to what you enter in the Search field. If, for example, you type a letter followed by a number, then the search function returns a list of patients with Member IDs matching what you’ve typed. You may restrict your search to a single category by selecting one from the drop-down menu:
2. **Alert Filter** – Click on this icon to bring up the Alert Filter window (shown below). This allows you to manually select which alert(s) you wish to display in your main list. Alert categories or types not related to any patients in your roster will be grayed out as options. Any selected filter is applied to the task data you export to an Excel file.

![Alerts Filter Window]

3. **Export** – Click on this icon to export the complete or filtered list of your alerts to an Excel file which, depending on its size, is either opened from the download notification bar at the bottom of the browser (less than 5,000 rows) or from the My Downloads option on the User Menu (more than 5,000 rows). The file name will be formed by a combination of the provider name, Florida Blue number, module data type, date and timestamp. That way you can always tell what a file is, and when and by whom it was created.

4. **Total Alerts** – This panel in the dashboard shows you the total number of alerts pertaining to members on your roster.

5. **View Reminders** – Click on this option to view only a list of Alerts with Reminders attached to them. Reminders are visible “sticky notes” attached to Alerts to remind you to. Typically, one appears after a certain period has elapsed since an Alert was first placed on the Alerts list. The number displayed on the Reminder indicates whether it’s the first, second, third or fourth notice that has been given.

6. **High Priority Alerts** – This donut chart shows you the distribution of alerts by priority. It also can act as a filter, but (unlike the filtering charts in other modules) you can only filter by one priority at a time, and your choice is not mirrored in the options found in the Alert Filter window described above. If you select one priority and then another, the first is automatically deselected (like a switch). Click on the refresh icon (🔄) to remove any filter and once again display your entire list of tasks.
7 **Alerts by Category** – The bar chart in this panel shows the number of alerts tabulated by category. Clicking on a bar sets that category as a filter. Clicking on a different bar deselects the first choice and sets the new one as a filter. Click on the refresh icon (🔄) to remove any filter and once again display your entire list of alerts.

8 **Member Snapshot** – Click on a row in the list of patients to see all the tasks and alerts associated with a particular member, along with his or her age, DOB, insurance plan and contact information:

![Member Snapshot](image)

When you mouse over a task or alert, its full text (not always visible in the space afforded by the table column) will appear (as shown above). ▶ If the list of tasks and alerts is long, you can search by Type using the Search field. ▹ You can also filter the list by using the donut chart beneath the patient information panel. □ The kebab menu (⋮) on the far-right side of each Task or Alert allows you to manage the tasks and alerts associated with your member. Refer to the Managing Tasks and Alerts section for a complete explanation of how to do this.

9 **Task Menu** – The kebab menu (⋮) on the far-right side of each row in the Tasks list allows you to manage the Tasks associated with your patients. Refer to the Managing Tasks and Alerts section for a complete explanation of how to do this.
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Members

The Members module of Provider Link allows you to view a consolidated roster of Medicare Advantage patients assigned or attributed to your organization. Roster information pertaining to HMO patients is updated continuously throughout the day from enrollment systems. Roster information pertaining to PPO patients is updated once a month from an evaluation of claims data.

My Roster

The My Roster option displays a regularly updated (continuously for HMO, and once a month for PPO, members) roster of Medicare Advantage patients assigned or attributed to your Florida Blue provider organization. Detailed member demographic, plan and primary care provider (PCP) information is contained in this roster. Clicking on this option brings up the My Roster page shown below:

On the screenshot shown above, numbered callouts identify key elements of the My Roster page. These are explained below:

1. **Search** – This function allows you to search for patients by Last Name, Member ID or PCP Last Name. The default operation is Smart Search, whereby the search function matches any of these categories to what you enter in the Search field. If, for example, you type a letter followed by a number, then the search function
returns a list of patients with Member IDs matching what you’ve typed. You may restrict your search to a single category by selecting one from the drop-down menu:

2 **Network Filter** – Click on this icon to bring up the Network Filter window (shown below). This allows you to manually select which network(s) of patients you wish to display in your roster. Networks without any patients in your roster will be grayed out as options. Any selected filter is applied to the roster data you export to an Excel file.

3 **Export** – Click on this icon to export the complete or filtered roster of your patients to an Excel file which, depending on its size, is either opened from the download notification bar at the bottom of the browser (less than 5,000 rows) or from the My
Downloads option on the User Menu (more than 5,000 rows). The file name will be formed by a combination of the provider name, Florida Blue number, module data type, date and timestamp. That way you can always tell what a file is, and when and by whom it was created.

Providers may want to identify their Dual Special Needs Plan (DSNP) members, but the only way to do that currently is by filtering on the Member Plan field in the roster exported to an Excel file. A list of currently available DSNP plans can be obtained from Florida Blue. Presently, the four DSNP plans are: H1035-027 (Miami-Dade), H1035-028 (Broward, Palm Beach), H1035-029 (Orange) and H1035-030 (Hillsborough, Polk).

Total Count – This panel in the My Roster dashboard shows you the total number of patients in your roster.

Network – This donut chart shows you the distribution of your patients by network. It also can act as a filter, mirroring the filter options found in the Network Filter window described above. When you select (or deselect) any segment of the donut, your roster is then filtered accordingly by network(s). If you open the Network Filter window after selecting one or more networks from the chart, you will see the same network(s) selected there (and vice versa):

Click on the refresh icon ( ) to remove all filters and once again display your entire roster of patients.
6 **Gender** – This donut chart shows you the breakdown of your patients by gender. Clicking on either segment of the chart will filter your roster by the selected gender. Click on the refresh icon (🔄) to remove all filters and once again display your entire roster of patients.

7 **PCP Counts** – This panel in the dashboard shows you the total number of primary care physicians in your organization. Click on the Staff List link below the count to bring up the Providers window shown below, containing a list of your PCPs:

![Providers (PCPs) Window](image)

You may search for providers by name, FB number or specialty. The results of that search are a filtered list. Click on the refresh icon (🔄) to remove a search result and once again display your entire roster of primary care physicians. Click on the Export icon to export the complete or filtered list of providers to an Excel file.

8 **Member Snapshot** – Click on a row in the list of patients to see all the tasks and alerts associated with a particular member, along with his or her age, DOB, insurance plan and contact information:
My Roster Member Snapshot Page

When you mouse over a task or alert, its full text (not always visible in the space afforded by the table column) will appear (as shown above). ① If the list of tasks and alerts is long, you can search by Type using the Search field. ② You can also filter the list by using the donut chart beneath the patient information panel. ③ The kebab menu (⋮) on the far-right side of each Task or Alert allows you to manage the tasks and alerts associated with your member. Refer to the Managing Tasks and Alerts section for a complete explanation of how to do this.

New Members

The **New Members** option displays a regularly updated list of Medicare Advantage patients assigned or attributed to your Florida Blue provider organization within the past thirty (30) days. These same patients will also show up in your comprehensive My Roster member list, but are highlighted here – on a separate page – to help you onboard them into your organization and better attend to their immediate needs.

The **New Members** option functions the same way My Roster does, so you can refer to the preceding section for guidance should you need it. The main difference between the two pages is that New Members displays an additional field, **Effective Date**, that indicates when a patient joined your organization. You can search on this field in the Search field if your wish.
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The Reports module provides you with timely, actionable information related to the health of your patients – information in the form of care measures, hospital usage, and current coding gaps.

**Care Gaps**

The Care Gaps feature displays a list of your Medicare Advantage patients with open, closed and submitted Stars/HEDIS care measures, updated once a week. It allows you to see which measures need to be addressed in order to promote better outcomes for your patients. And it even permits you to provisionally close (or “soft close”) care measures from within the platform (pending review by Florida Blue). Clicking on the Care Gaps option brings up the Care Gaps page shown below:

![Care Gaps Page](image)

On the screenshot shown above, numbered callouts identify key elements of the Care Gaps page. These are explained below:

1. **Search** – This function allows you to search for care measures by Member ID, Member Last Name, Network, Care Gap, PCP Last Name and Status. The default operation is **Smart Search**, whereby the search function matches any of these categories to what you enter in the Search field. If, for example, you type a letter followed by a number, then the search function returns a list of care measures with Member IDs matching what you’ve typed. You may restrict your search to a single category by selecting one from the drop-down menu:
Care Gaps Filter – Click on this icon to bring up the Care Gaps Filter window (shown below). This allows you to manually select which care measures you wish to display in the main list. Networks or care gaps not assigned to any patients in your roster will be grayed out as options. Any selected filter is applied to the care gaps data you export to an Excel file.
The search and filter functions within a module work together to cumulatively modify the data displayed in a roster or list. Sometimes a search, filter or combination of the two renders further searches or filters impossible (because the data has been dynamically altered in such a way that it no longer contains the desired information). In that case, a no sign (🚫) will appear over the search field, filter icon or chart to indicate you can't perform that action. To remedy this situation, simply undo the last search or filter by refreshing the search field or chart.

Export – Click on this icon to export the complete or filtered list of your care gaps to an Excel file which, depending on its size, is either opened from the download notification bar at the bottom of the browser (less than 5,000 rows) or from the My Downloads option on the User Menu (more than 5,000 rows). The file name will be formed by a combination of the provider name, Florida Blue number, module data type, date and timestamp. That way you can always tell what a file is, and when and by whom it was created.

Care Gaps Chart – The bar chart in the dashboard panel shows the number of care gaps tabulated by category. Mousing over a bar brings up a pop-up that identifies the care gap represented by the bar. Clicking on the bar sets the care measure as a filter. Clicking on it again deselects the care measure as a filter. Click on the refresh icon (🔄) to remove all filters and once again display your entire list of care gaps. When you select (or deselect) any care measure bar, your list is then filtered accordingly. ❌ If you open the Care Gaps Filter window after selecting one or more bars on the chart, you will see the same care gap(s) selected there (and vice versa):

Status – This donut chart simply displays the number of open and closed care gaps. You can filter on either category by clicking on a segment and remove the
filter by clicking on it again. Click on the refresh icon (⟳) to remove all filters and once again display your entire list of care gaps.

6 Member Snapshot – Click on a row in the list of patients to see all the tasks and alerts associated with a particular member, along with his or her age, DOB, insurance plan and contact information:

When you mouse over a task or alert, its full text (not always visible in the space afforded by the table column) will appear (as shown above). A If the list of tasks and alerts is long, you can search by Type using the Search field. B You can also filter the list by using the donut chart beneath the patient information panel. C The kebab menu (…) on the far-right side of each Task or Alert allows you to manage the tasks and alerts associated with your member. Refer to the Managing Tasks and Alerts section for a complete explanation of how to do this.

Census

The Census option displays a regularly updated list of all your patients’ emergency room visits, received outpatient services, and admission or discharges for the last thirty days. This helps you manage and coordinate their care once they have been discharged. This list is updated continuously throughout the day from various sources. Clicking on this option brings up the Census page shown below:
The place of service indicates the setting where the activity took place. The event type broadly indicates what the type of event that occurred (such as Outpatient, Inpatient or ER).

* You may sometimes see three asterisks (***) in place of sensitive clinical information - such as facility name, place of service, diagnosis code, medication type and so on – in order to meet legal requirements (see CFR 42, Part 2). This may happen on both the Census and Coding Opportunities pages.

On the screenshot shown above, numbered callouts identify key elements of the Census page. These are explained below:

1. **Search** – This function allows you to search for census data by Member ID, Member Name, DOB, Network, Event Type, Facility Name, Place of Service, Re-Admission, Admit Date and Discharge Date. The default operation is **Smart Search**, whereby the search function matches any of these categories to what you enter in the Search field. If, for example, you type a letter followed by a number, then the search function returns a list of care measures with Member IDs matching what you’ve typed. You may restrict your search to a single category by selecting one from the drop-down menu:
2 Census Filter – Click on this icon to bring up the Census Filter window (shown below). This allows you to manually select which census data you wish to display in the main list. Networks or events not assigned to any patients in your roster will be grayed out as options. Any selected filter is applied to the census data you export to an Excel file.
The search and filter functions within a module work together to cumulatively modify the data displayed in a roster or list. Sometimes a search, filter or combination of the two renders further searches or filters impossible (because the data has been dynamically altered in such a way that it no longer contains the desired information). In that case, a no sign (☐) will appear over the search field, filter icon or chart to indicate you can't perform that action. To remedy this situation, simply undo the last search or filter by refreshing the search field or chart.

Export – Click on this icon to export the complete or filtered list of your census data to an Excel file which, depending on its size, is either opened from the download notification bar at the bottom of the browser (less than 5,000 rows) or from the My Downloads option on the User Menu (more than 5,000 rows). The file name will be formed by a combination of the provider name, Florida Blue number, module data type, date and timestamp. That way you can always tell what a file is, and when and by whom it was created.

Total Members with Events – This panel in the dashboard shows you the total number of patients in your roster who have had census events in the last thirty days.

Network – This donut chart shows you the distribution of your patients with census events by network. It also can act as a filter, mirroring the filter options found in the Network Filter window described above. When you select (or deselect) any segment of the donut, your roster is then filtered accordingly by network(s). If you open the Network Filter window after selecting one or more networks from the chart, you will see the same network(s) selected there (and vice versa). Click on the refresh icon (_upd) to remove any filter and once again display your entire list of census events.

Event Type – This donut chart shows you the distribution of your patients with census events by event type. It also can act as a filter, mirroring the filter options found in the Census Filter window described above. When you select (or deselect) any segment of the donut, your roster is then filtered accordingly by event(s). If you open the Census Filter window after selecting one or more events from the chart, you will see the same event(s) selected there (and vice versa):
Click on the refresh icon (🔄) to remove any filter and once again display your entire list of census events.

7 **PCP Count** – This panel in the dashboard shows you the number of primary care physicians treating in your organization treating members who have had census events in the last thirty days. If there is more than one group in your organization, a separate count for the number of groups will also be displayed.

8 **Census Detail** – Click on the blue Census Detail icon in any row to bring up a panel containing detailed information on that particular census event (as shown below):
**Member Snapshot** – Click on a row in the list of patients to see all the tasks and alerts associated with a particular member, along with his or her age, DOB, insurance plan and contact information:

![Census Member Snapshot Page](image)

When you mouse over a task or alert, its full text (not always visible in the space afforded by the table column) will appear (as shown above). **Ⓐ** If the list of tasks and alerts is long, you can search by Type using the Search field. **Ⓑ** You can also filter the list by using the donut chart beneath the patient information panel. **Ⓒ** The kebab menu (⋮) on the far-right side of each Task or Alert allows you to manage the tasks and alerts associated with your member. Refer to the **Managing Tasks and Alerts** section for a complete explanation of how to do this.

**Coding Opportunities**

The **Coding Opportunities** option displays a list of suspect, dropped or captured conditions (including pharmacy) associated with your Medicare Advantage patients, updated once a month. This allows you to see who you may want to assess or treat, and ensure that documentation captures any assessment or treatment, along with the corresponding ICD-10 codes. Clicking on this option brings up the Coding Opportunities page shown below:
On the screenshot shown above, numbered callouts identify key elements of the Coding Opportunities page. These are explained below:

1. **Search** – This function allows you to search for coding opportunities by Member ID, Member Last Name, DOB, PCP Last Name, Network, Diagnosis Code and Type. The default operation is **Smart Search**, whereby the search function matches any of these categories to what you enter in the Search field. If, for example, you type a letter followed by a number, then the search function returns a list of coding opportunities with Member IDs matching what you’ve typed. You may restrict your search to a single category by selecting one from the drop-down menu:
2 **Coding Opportunities Filter** – Click on this icon to bring up the Coding Opportunities Filter window (shown below). This allows you to manually select which coding opportunities you wish to display in the main list. Networks or coding opportunities not assigned to any patients in your roster will be grayed out as options. Any selected filter is applied to the coding opportunities data you export to an Excel file.

![Coding Opportunities Filter Window](image)

The search and filter functions within a module work together to cumulatively modify the data displayed in a roster or list. Sometimes a search, filter or combination of the two renders further searches or filters impossible (because the data has been dynamically altered in such a way that it no longer contains the desired information). In that case, a no sign (🚫) will appear over the search field, filter icon or chart to indicate you can't perform that action. To remedy this situation, simply undo the last search or filter by refreshing the search field or chart.

3 **Export** – Click on this icon to export the complete or filtered list of your coding opportunities to an Excel file which, depending on its size, is either opened from the download notification bar at the bottom of the browser (less than 5,000 rows) or from the My Downloads option on the User Menu (more than 5,000 rows). The file name will be formed by a combination of the provider name, Florida Blue number, module data type, date and timestamp. That way you can always tell what a file is, and when and by whom it was created.

4 **Members with Coding Opportunities** – This panel in the dashboard shows you the number of your patients with coding opportunities.
5 **Networks** – This donut chart shows you the distribution of your coding opportunities by network. It also can act as a filter, mirroring the filter options found in the Coding Opportunities Filter window described above. When you select (or deselect) any segment of the donut, your list of opportunities is then filtered accordingly by network(s). If you open the Coding Opportunities Filter window after selecting one or more networks from the chart, you will see the same network(s) selected there (and vice versa):

Click on the refresh icon (/mail) to remove any filter and once again display your entire list of coding opportunities.

6 **Total Coding Opportunities** – This panel in the dashboard shows you the total number of your coding opportunities.

Proper hierarchal condition category (HCC) classification depends on a plan’s ability to obtain accurate diagnostic HCC information and report that information accurately to the Centers for Medicare and Medicaid Services (CMS). CMS requires annual reporting via ICD-10 coding of all chronic conditions as well as artificial openings, transplant status, dialysis status, ESRD status and all other permanent conditions.

7 **Member Snapshot** – Click on a row in the list of patients to see all the tasks and alerts associated with a particular member, along with his or her age, DOB, insurance plan and contact information:
When you mouse over a task or alert, its full text (not always visible in the space afforded by the table column) will appear (as shown above). A If the list of tasks and alerts is long, you can search by Type using the Search field. B You can also filter the list by using the donut chart beneath the patient information panel. C The kebab menu (⋮) on the far-right side of each Task or Alert allows you to manage the tasks and alerts associated with your member. Refer to the Managing Tasks and Alerts section for a complete explanation of how to do this.
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Financials

The Financials module – coming in a future release – will contain tools (depending on your contractual agreement) to help you better manage your organization’s financial health, including Value-Based Prepayment, Capitation and Incentives.
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Other Links

The options in the Other Links menu allow you to access Web applications and sites outside of Provider Link – including the Quality & Efficiency Reporting Portal (QERP), AccuReports®, provider resources and important Florida Blue news and announcements. You will not navigate to these sites directly from the provider portal, but in a separate browser tab. That way, you will remain logged into the portal and able to continue working in it.

News and Announcements

Clicking on the News and Announcements option brings up the following page, which enables you to link to the Blueline (Florida Blue’s provider newsletter) and Bluemail (an archive of Florida Blue’s electronic mailings to providers) sites:

Resource Links

Clicking on the Resource Links option brings up a page with links to external third-party websites containing useful information and resources for providers (such as vendor sites and ANSI HIPAA guides). Because these websites exist outside of the Florida Blue Medicare provider portal, the following disclaimer is displayed before you can access the Resource Links page:
Disclaimer for 3rd party websites

Please be aware that third party links are provided for your convenience and reference only. Florida Blue and its subsidiary companies do not control such sites, and are not responsible for their content or the products and services offered therein. Florida Blue does not necessarily endorse and is not responsible for the content, products or services available on such sites.

Please be aware when you navigate from the ProviderVista site to another site, whether through links ProviderVista provides or otherwise, you will be subject to the privacy policies (or lack thereof) of such other sites. Florida Blue cautions you to use good judgment and to determine the privacy policy of such sites before you provide any personal information.

Third party sites may not have multi-lingual capability.

Click “I agree” to confirm that you understand the risks involved in visiting third party sites.

If you choose to Cancel, the disclaimer pop-up window will disappear, and you will remain on the current page. If you click on the I Agree button, then you will be directed to the Resource Links page shown below:
From here, you can link to any of the listed resources simply by clicking on one of the tiles. Note that many of these sites require you to login to make full use of their capabilities – so you will need to know your password(s) or have them ready.

QERP – Quality & Efficiency Reporting Portal

Clicking on the QERP option will direct you to Florida Blue’s Passport, from which you may gain access to QERP resources. This portal provides you with other administrative and clinical reports that are updated in a less timely manner. It is only accessible to users who have previously established access to it outside of Provider Link.

AccuReports by FRG

Clicking on the AccuReports® by FRG option will, like clicking on the Resource Links option, bring up a disclaimer (pictured above) that you will be navigating to a site outside Provider Link. The AccuReports portal is only accessible to users who have previously established access to it outside of Provider Link. Once you confirm that you understand the risks associated with third party websites, the following login page will appear in a separate browser tab:
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Managing Tasks and Alerts

One of the most useful aspects of Provider Link is that it both identifies critical needs related to your patients and allows you to respond to them from within the program. This has been talked about briefly in earlier sections, but in this chapter the process of managing Tasks and Alerts will be fully explained.

Managing Tasks

Tasks in Provider Link come in two varieties: those that are like action items and those that are like notices. They are high priority Care Gaps and Coding Opportunities recast as Tasks to help you attend to your members’ most pressing concerns.

Tasks are managed through options presented on the kebab menu (⋮) on the far-right side of every Task. These options will vary, depending upon the kind of Task you have selected. Tasks that are related to Care Gaps have two possible options - Completed or Acknowledged.

In a future release of Provider Link, you will be able to provisionally (subject to review by Florida Blue) close some Care Gaps via the Stars/HEDIS Supplemental Data Submission (SDS) process, either through Tasks or the Care Gaps page itself.

Completed

You can mark Care Gap-related Tasks you have already or mostly addressed as completed by selecting that option from the Task kebab menu (as shown below):

![Completed Option on Tasks Page](Image)
Clicking on **Completed** brings up the following one-step wizard:

As part of the Task completion process, this wizard allows you to upload any documentation still needed to satisfy a care measure or handle a coding opportunity.

1. Files may be dragged and dropped inside the dotted box from anywhere – your desktop, file manager (File Explorer in Windows 10), an email attachment and so on.
2. Or you can look for them using your file manager by clicking on the **Browse Files** option.
3. If you upload the wrong file, just click on the trashcan icon to remove it.
4. If you’re not sure it’s really the right one, just click on the eye icon to view it in a separate browser tab.
5. Once you’ve attached the needed documentation, the green **Submit** button at the bottom of the wizard will become active. Click on it to finish the task. A success message should then appear.
6. If you don’t think it’s necessary to attach any documentation, simply click on the **No Thanks** button to complete the task.
7. If you don’t have the documentation you’d like to submit on hand, click on the **Cancel** button to keep the task in the list.

**Acknowledged**

If the Care Gap-related Task is a notice (informational in nature), the Task kebab menu allows you to indicate you’ve seen it by selecting **Acknowledged** (as shown below):
Acknowledged Option on Tasks Page

Once you click on Acknowledged, you’ll receive a success message. If you don’t acknowledge having seen a Task, you will receive one or more Reminders after a set amount of time. This period may vary from one notification to the next, depending on the relative importance of the information being relayed.

Tasks and Alerts that are not acted upon, even when reminders are attached, are escalated to a FBM associate after a period of usually 30 days. But they will remain on the list until they are either acknowledged or some action (like a closure) or business rule (like an end of year purge) removes them.

N/A

Tasks that are not related to Care Gaps have three possible options – Completed and N/A or Acknowledged. Two of these – Completed and Acknowledged - are explained above. The N/A option appears on the kebab menu (⋮) just like the other two (as shown below):

N/A Option on Tasks Page

Selecting the N/A option brings up the following three-step wizard:

1. **N/A Wizard, Step 1**

The first step \(\textcircled{1}\) reiterates the description of the Task you opted to mark not applicable and \(\textcircled{2}\) asks you to select a reason (criterion) for your choice. The wizard also provides the \(\textcircled{3}\) member’s plan and biographical information in the side panel to the left.
There are ten criteria for claiming a Task assigned to one of your members is not applicable. The table below indicates how Provider Link handles each one:

<table>
<thead>
<tr>
<th>N/A Response</th>
<th>When to choose this option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not my patient</td>
<td>Choose this option when given a Task for a member you do not believe should be on your panel. Provide any documentation that might demonstrate this, such as letter from patient who moved out of state.</td>
</tr>
<tr>
<td>Medication contraindication</td>
<td>Choose this option if a Task is recommending you prescribe a contraindicated medication for your patient.</td>
</tr>
<tr>
<td>Patient does not have the medical condition</td>
<td>Choose this option if the patient does not have the medical condition.</td>
</tr>
<tr>
<td>Unable to contact patient</td>
<td>Choose this option if you are unable to contact a patient for whom a Task has been assigned.</td>
</tr>
<tr>
<td>Patient refused</td>
<td>Choose this option if a patient refuses to receive the treatment recommended by this Task.</td>
</tr>
<tr>
<td>Not in scope of my practice</td>
<td>Choose this option when given a Task for a patient you don’t think is within the scope of your practice.</td>
</tr>
<tr>
<td>Patient does not require screening</td>
<td>Choose this option if a Task is recommending you screen a patient who doesn’t need to be screened.</td>
</tr>
<tr>
<td>Screening was performed</td>
<td>Choose this option if a Task is recommending you screen a patient who has already been screened.</td>
</tr>
<tr>
<td>Screening contraindicated</td>
<td>Choose this option if a Task is recommending you conduct a screen that is contraindicated for your patient.</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Other</td>
<td>Choose this option only if no other option is reasonable. Fill in the text field with a reason and supply any documentation that might support your claim.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N/A Response</th>
<th>Provider Choice and Assigned Workflow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not my patient</td>
<td>Choose this option when given a Task for a member you do not believe should be on your panel. Provide any documentation that might demonstrate this, such as letter from patient who moved out of state.</td>
</tr>
<tr>
<td></td>
<td><strong>Assigned workflow</strong>: submitted information is forwarded to a Provider Engagement Advocate to ascertain cause of problem.</td>
</tr>
<tr>
<td>Medication contraindication</td>
<td>Choose this option if a Task is recommending you prescribe a contraindicated medication for your patient. This option may seem to be a way to close care gaps, but it is not. Once care gaps can be closed in a future release of Provider Link, you will use the Close Care Gap option to manage Tasks related to Care Gaps.</td>
</tr>
<tr>
<td></td>
<td><strong>Assigned workflow</strong>: submitted information is forwarded to the FB Stars/RAF team for resolution.</td>
</tr>
<tr>
<td>Option</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Patient does not have the medical condition</td>
<td>Choose this option if the patient does not have the medical condition. This option may seem to be a way to close care gaps, but it is not. Once care gaps can be closed in a future release of Provider Link, you will use the Close Care Gap option to manage Tasks related to Care Gaps.</td>
</tr>
<tr>
<td>Unable to contact patient</td>
<td>Choose this option if you are unable to contact a patient for whom a Task has been assigned.</td>
</tr>
<tr>
<td>Patient refused</td>
<td>Choose this option if a patient refuses to receive the treatment recommended by this Task.</td>
</tr>
<tr>
<td>Not in scope of my practice</td>
<td>Choose this option when given a Task for a patient you don't think is within the scope of your practice.</td>
</tr>
<tr>
<td>Patient does not require screening</td>
<td>Choose this option if a Task is recommending you screen a patient who doesn't need to be screened. This option may seem to be a way to close care gaps, but it is not. Once care gaps can be closed in a future release of Provider Link, you will use the Close Care Gap option to manage Tasks related to Care Gaps.</td>
</tr>
</tbody>
</table>
| Screening was performed | Choose this option if a Task is recommending you screen a patient who has already been screened. This option may seem to be a way to close care gaps, but it is not. Once care gaps can be closed in a future release of Provider Link, you will use the Close Care Gap option to manage Tasks related to Care Gaps.

**Assigned workflow:** submitted information is forwarded to the FB Stars/RAF team for resolution. |
| --- | --- |
| Screening contraindicated | Choose this option if a Task is recommending you conduct a screen that is contraindicated for your patient. This option may seem to be a way to close care gaps, but it is not. Once care gaps can be closed in a future release of Provider Link, you will use the Close Care Gap option to manage Tasks related to Care Gaps.

**Assigned workflow:** submitted information is forwarded to the FB Stars/RAF team for resolution. |
| Other | Choose this option only if no other option is reasonable. Fill in the text field with a reason and supply any documentation that might support your claim.

**Assigned workflow:** submitted information is forwarded to the PMC (Performance Monitoring Center). |

Once you’ve selected a reason for choosing the **N/A** option, the green **Next** button will become active. Click on it to progress to the second step. Or click **Cancel** to exit out of the wizard entirely.
The second tab of the N/A wizard allows you to submit any documentation you believe is needed (though none is required). ➀ Files may be dragged and dropped inside the dotted box from anywhere – your desktop, file manager (File Explorer in Windows 10), an email attachment and so on. ➁ Or you can look for them using your file manager by clicking on the Browse Files option. ➂ Once you are finished, click on the Next button to move to the final step. ➃ If you want to change the reason for choosing the N/A option, click Back. ➄ If you don’t have the documentation you’d like to submit on hand, click the Cancel button to keep the task in the list.
The last step in marking a Task not applicable involves a simple review of what you’ve chosen as a reason and any documents you have uploaded. ① If you’re satisfied that everything is correct, click on the **Submit** button to close the Task and remove it from the list. ② If you’ve made a mistake, click **Back** to return to the previous step. ③ If you decide you don’t want to complete this Task, click on the **Cancel** button to exit out of the wizard entirely and keep the task in the list.

**Managing Alerts**

Alerts are like informative tasks, but with a greater importance – enough to set them apart on a separate screen within the platform. As with Tasks, a kebab menu (⋮) is provided on the far-right side of each Alert. The only available option on this menu is **Acknowledged**, which works the same way as it does for informative Tasks (explained above). Once you click on Acknowledged, you’ll receive a success message. If you don’t acknowledge having seen an Alert, you will receive one or more Reminders after a set amount of time. This period may vary from one notification to the next, depending on the relative importance of the information being relayed.
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## Appendix A: Glossary of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Complete Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANSI</td>
<td>American National Standards Institute</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
</tr>
<tr>
<td>DSNP</td>
<td>Dual Special Needs Plan</td>
</tr>
<tr>
<td>FB</td>
<td>Florida Blue</td>
</tr>
<tr>
<td>FBM</td>
<td>Florida Blue Medicare</td>
</tr>
<tr>
<td>HCC</td>
<td>Hierarchical Condition Category</td>
</tr>
<tr>
<td>HEDIS</td>
<td>Healthcare Effectiveness Data and Information Set®</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>HMO</td>
<td>Health Maintenance Organization</td>
</tr>
<tr>
<td>HRA</td>
<td>Health Risk Assessment</td>
</tr>
<tr>
<td>KPI</td>
<td>Key Performance Indicator</td>
</tr>
<tr>
<td>MA</td>
<td>Medicare Advantage</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Provider</td>
</tr>
<tr>
<td>PMPM</td>
<td>Per Member Per Month</td>
</tr>
<tr>
<td>PPA</td>
<td>Primary Access Administrator (Availity)</td>
</tr>
<tr>
<td>PPO</td>
<td>Preferred Provider Organization</td>
</tr>
<tr>
<td>QERP</td>
<td>Quality and Efficiency Reporting Portal</td>
</tr>
<tr>
<td>RAF</td>
<td>Risk Adjustment Factor</td>
</tr>
<tr>
<td>SDS</td>
<td>Supplemental Data Submission</td>
</tr>
<tr>
<td>STR</td>
<td>Short-Term Rehabilitation</td>
</tr>
<tr>
<td>UI</td>
<td>User Interface</td>
</tr>
</tbody>
</table>
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Appendix B: Glossary of Terms

**Care Gap**: a HEDIS compliance opportunity related to select clinical quality measures. These measures are defined by NCQA (National Committee for Quality Assurance) and include recommended screenings (such as for breast or colon cancer), and other evidence-based standards ordered by the provider, to monitor the patient’s health and treat early if abnormal. Care gaps will display only if the patient meets the criteria for the quality measure. A care gap list alerts the provider that we have not received a claim or documentation to support the closure of the gap and needs to be addressed.

**Coding Opportunity**: an opportunity to apply a code to a chronic condition not presently coded. Coding opportunities arise when conditions have been coded on a claim in prior years but not currently (dropped conditions) or when information received from a variety of sources other than directly qualifying provider claims (such as CMS, HRA or pharmacy data) suggest a patient may have one or more particular conditions (suspect conditions).

**Notification**: a notice directed to a provider containing clinical information about a patient that may also include a prescribed action.

**Task**: within Provider Link, an action item or notice recommending something be done to improve the healthcare of a patient. Examples include asking you to provide what appears to be a missing diagnosis, notifying you that a patient could use an immunization and alerting you that a patient has received a new diagnosis.

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1 Availity LLC is a multi-payer joint venture company. For more information or to register, visit availity.com.

2 HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Florida Blue is a PPO, RPPO and Rx (PDP) plan with a Medicare contract. Florida Blue Medicare is an HMO plan with a Medicare contract. Enrollment in Florida Blue or Florida Blue Medicare depends on contract renewal. Health coverage is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. HMO coverage is offered by Florida Blue Medicare, Inc., DBA Florida Blue Medicare. These companies are affiliates of Blue Cross and Blue Shield of Florida, Inc., and are Independent Licensees of the Blue Cross and Blue Shield Association.