



OneSource

Eligibility User Guide





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Updated 2/16/17





Overview

Passport OneSource is a standalone web-based portal that provides access to a range of patient access services including insurance eligibility, address verification, pre-cert and referral submission and viewing, claim status, code lookup, and more.

This guide will focus on the eligibility function of OneSource.

Getting Started

During the implementation process, Experian Health will set up all initial users from a list provided by the client. All users are required to access OneSource using a unique username and password.

Experian Health's enrollment team will provide the primary client contact with a master list of user credentials. Initially, users will be provided with a temporary password. Upon their first login, each user will be prompted to choose their own secure password.

Logging In

Navigate to http://www.passportonesource.com. Enter the provided credentials in the fields shown and click sign in. Both username and password are <u>case sensitive</u>.



Tip: Be sure to add *passportonesource.com* to your favorities or create a desktop shortcut!

If you have forgotten your user name or password, **forgot username** and **forgot password** links are located next to these fields to assist with user name retrieval or password resets.

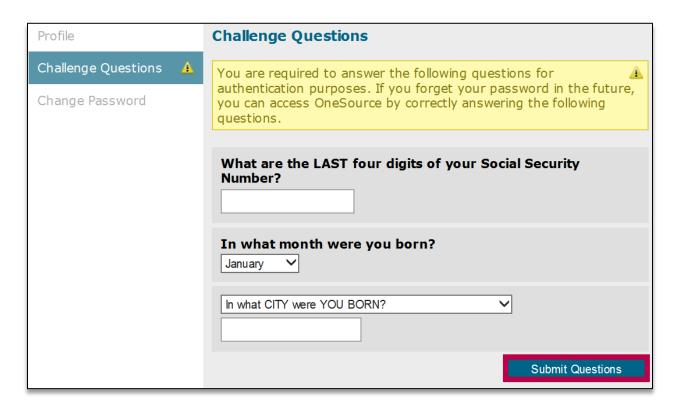
Please note that there is also a product dropdown menu on the login screen. For now, OneSource will be the only product listed in this dropdown menu. Users will not need to





make a selection from the dropdown menu, as it will already be defaulted to OneSource. In the future, ClaimSource and eCare NEXT will be added to this product dropdown.

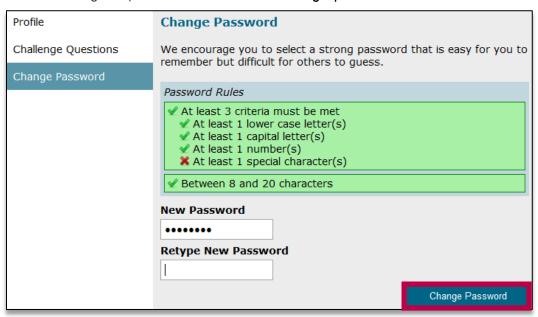
After logging in for the first time, you will be prompted to answer a series of challenge questions. If you ever forget your password in the future, these challenge questions will allow Experian Health to verify your identity before allowing you to reset your password. After answering the questions, click **submit questions** to continue.



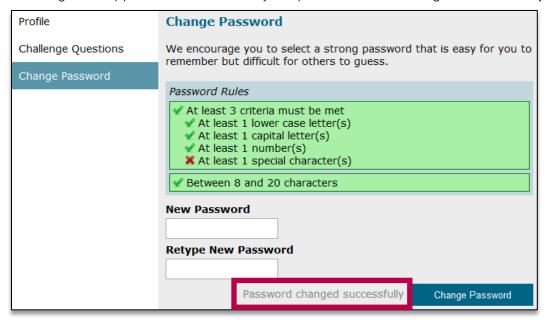




Next, you will be prompted to choose a new password. As a password that meets Experian Health's password criteria is entered, the password rules box will change from red to green. After entering the password twice, click **change password**.



A message will appear to confirm that your password was changed successfully.

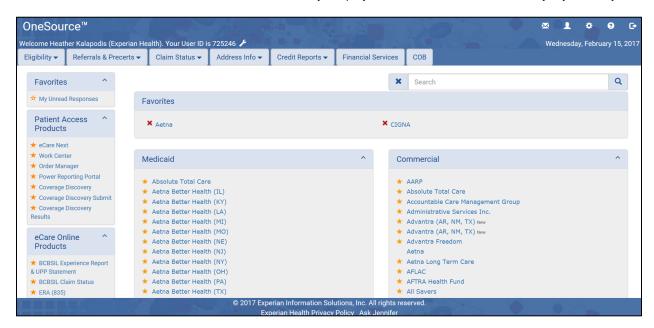






Navigation

Once your password has been changed, you will be redirected to main OneSource screen shown below. Please note that the availability of payers and functions will vary by facility.



The user's name, facility, and user ID will be listed across the top left side of the page. Below this will be tabs for the various functions of OneSource: eligibility, referrals and precerts, claim status, address info, credit reports, financial services, codes, and COB.



The top right side of the page will display links to **contact us**, **user info**, **Self Service Portal** (admin users only), **help**, and **logout**.







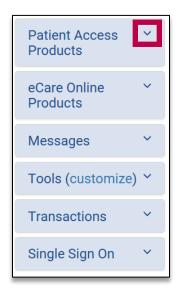


A toolbar on the left of the page contains useful supplemental tools and links. These links are organized into categories for easy navigation. The categories include **Patient Access Products**, **eCare Online Products**, **Messages**, **Tools**, **Transactions**, and **Single Sign On**. Available links will vary by facility.

These categories will appear in their expanded form as shown in the image below, but you may collapse a category by clicking \square .



The collapsed categories are shown below. Click to expand a category.





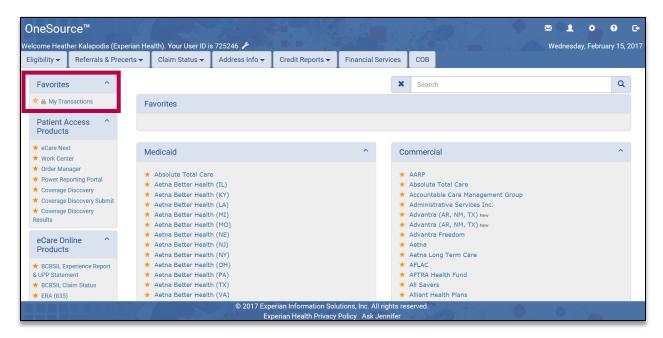


You may also pin your favorite links to the top of the toolbar.

To add a toolbar link to your favorites, click the star to the left of the link.



The link will now display in the **favorites** section on the top left side of the page. To remove a link from your favorites, simply click the star next to the link in the favorites section.

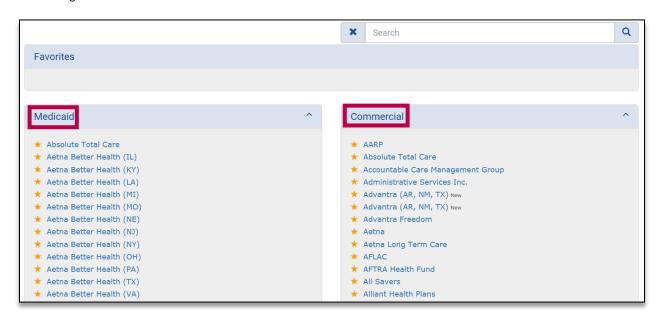






Payer List

The majority of the main page is taken up by the payers that the facility has configured to run through OneSource. The payers are organized by payer type, with sections for Medicaid, CHIP (Children's Health Insurance Plan), Medicare, military, and TPA (Third Party Administrator) on the left, and commercial, dental, pharmacy, and vision payers on the right.

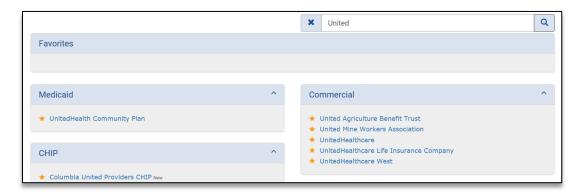


Payer Search

To quickly locate a payer, enter a keyword into the **payers search** on the top right side of the payer list and press **enter** or click the search button.



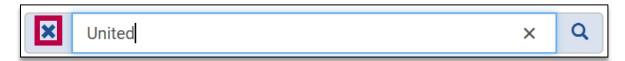
Matches for the search criteria will be displayed. Please note that only exact matches will be returned. For example, searching for "United" would return a match for "UnitedHealthcare", but searching for "UHC" would not.







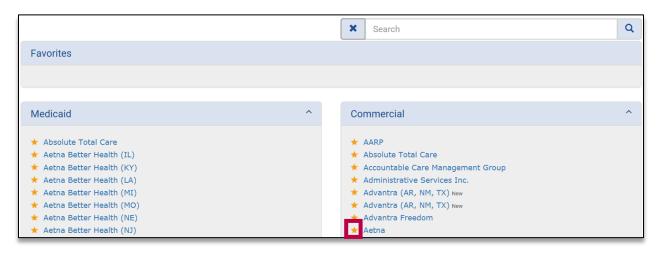
To clear the search results, click the x.



Favorites

Frequently used payers can be added to your favorites list for easy access. To add a payer to your favorites, click the star icon to the left of the payer's name.

For this example, we'll add Aetna to our favorites list.



The payer will now be listed under the favorites section to allow you to quickly locate the payers you used most. This setting will be saved so that the payer(s) will be listed under your favorites whenever you log in. To **remove** a payer from your favorites, click the icon next to the payer name.







Payer Downtime

Payers available for immediate response will be listed in **blue** text. Any payers experiencing downtime will be listed in **red** text.



If a payer is down, you can still submit an eligibility request. OneSource will continue to search for eligibility with the payer for up to 24 hours, and will place the response in the My Unread Responses link when a response has been returned. This link is located on the toolbar under the transactions section. The link will appear in bold red text if there are unread responses waiting to be viewed. The number in parentheses next to the link indicates how many responses are waiting to be viewed.



To view a list of all payers experiencing downtime or intermittent processing, visit www.passportsystemstatus.com.





Eligibility

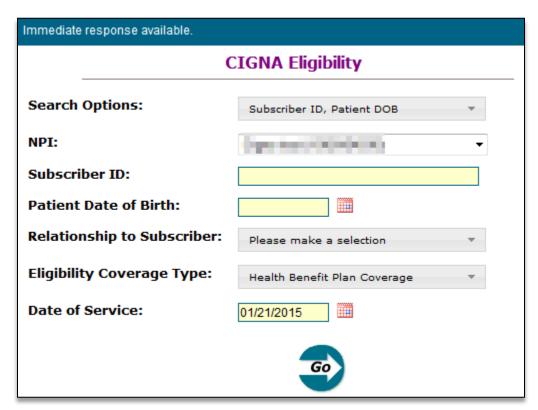
OneSource responses are user-friendly so inquiries are fast and easy to review. This section will cover how to submit, view, and customize an eligibility response.

Submit an Inquiry

To search for eligibility, click the name the payer name. For this example, we'll use Cigna.



The payer submission form will be displayed.







Select a search option from the dropdown menu. Availability of search options will vary by payer.

Search Options:	Subscriber ID, Patient DOB ▼		
NPI:	Subscriber ID, Patient DOB		
Subscriber ID:	Subscriber ID, Patient Name, Patient DOB		
Patient Date of Birth:	Patient Name, Patient DOB		

Fill in all required fields for the selected search option. All fields in **bold** are required.

NPI: Select the appropriate NPI from the dropdown menu. Depending on the facility, some users may only have one NPI to choose from.

Date of Birth: Date of birth can be entered in MM/DD/YYYY or MMDDYYYY format. Alternatively, a date can be selected by clicking the calendar next to the date of birth field.

Eligibility Coverage Type: Select the eligibility coverage type to search for. The **Health Benefit Plan Coverage** option works well for most users, as it displays the most comprehensive overview of the patient's benefits. However, users looking for very specialized benefits, such as physical therapy, may find more relevant results when choosing a specific benefit from the **eligibility coverage type** dropdown. The options in the dropdown will vary by payer.

Date of Service: Date of service will default to the current date. To search for eligibility for a different date, users may manually overwrite this date or use the calendar next to the date of service field to select a new date of service. However, each payer has different date of service requirements that determine the range of allowable dates. For more information about a specific payer's guidelines, see the X12 Companion Guide (5010) – Eligibility document. To locate this document, please navigate to user info and click on technical documents.

After filling in all selected fields, click **go** to submit the inquiry.

CIGNA Eligibility			
Search Options:	Subscriber ID, Patient DOB	₩	
NPI:	Opening (measure)	•	
Subscriber ID:	U123456789		
Patient Date of Birth:	10161963		
Relationship to Subscriber:	Self	~	
Eligibility Coverage Type:	Health Benefit Plan Coverage	~	
Date of Service:	01/21/2015		
	Go		





The following message will display while your request is processed and we wait for a response from the payer. An average response time is 3-6 seconds. The response will automatically load when it is ready. To cancel the request, click **cancel**. When the request is finished processing, the eligibility results will display.

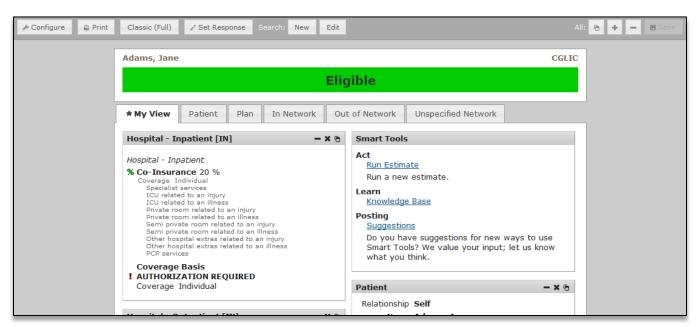


Viewing the Response

OneSource allows users to view eligibility responses in two formats: My Response and Full Response. All of the same information is available in both views.

My Response

My Response, or My View, formats the benefits returned by the payer into a user-friendly, easy-to-read, and fully customizable response that is standardized by payer type.







A color-coded banner will appear at the top of the page to indicate the patient's eligibility status. Banners may be green, yellow, or red. A green banner indicates that the patient is eligible.

Eligible

A yellow/orange banner can indicate a submission error, such as a date of birth that does not match what the payer has on file. It can also be used to indicate if a patient has Medicare Part A or Part B only, or if they have a Medicare or Medicaid replacement policy.

In the example below, CMS is indicating that the patient has a Medicare replacement policy. If the replacement policy is through a payer that is set up for your facility in OneSource, users can easily check the replacement plan eligibility by clicking **check eligibility** to be redirected to the replacement payer's submission form.

Recipient is Eligible - Medicare Advantage

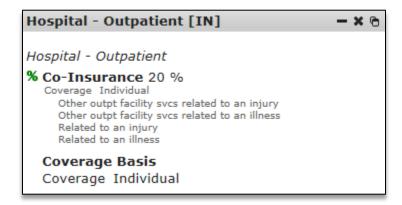


A red banner indicates that the patient is inactive or ineligible.

Ineligible

Each benefit is listed on its own box, called a widget. [IN] indicates an in-network benefit, like in the widget below. [OUT] indicates an out-of-network benefit. Helpful icons such as percent signs for co-insurance and dollar signs for copays help draw your eye to the benefits you're looking for.

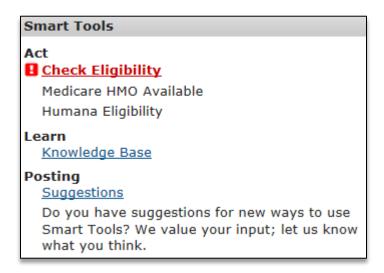
Information returned will vary by payer and plan.







A **Smart Tools** widget is listed on the upper right side of the page. Smart Tools will always feature a link to our extensive **knowledge base** as well as a link to send us your suggestions for Smart Tools. Additional information and options may be listed under Smart Tools depending on the content of the eligibility response and the products implemented at your facility. In the example below, Smart Tools contains valuable information for the user about the patient's Medicare replacement policy, as well as a clickable link to check eligibility for the replacement policy.



A unique **reference number** will be listed at the bottom of each transaction. Use this reference number when contacting Customer Support with inquiries about a specific transaction.

Below the reference number, a date and timestamp will be listed, along with the name of the user running the transaction.

Passport Reference #: <u>20170215-16720815</u> Transaction run on 2/15/2017 3:35:03 PM by Heather Kalapodis (Experian Health)

Customize

My Response can be customized to only display the benefits that are relevant to you. This customization will need to be set up once per payer type.

If you are using My Response for the first time, you may be automatically prompted to choose a template for customization. Otherwise, to begin customizing, click the **configure** button.

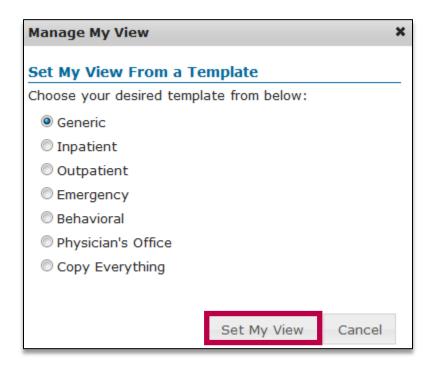
Note: Depending on facility settings, configure may not be available for all users.







Upon clicking **configure**, the user will be prompted to select a **template**. These templates reflect Experian Health's best practices of what a registrar working in a certain area would most likely need to see on their eligibility responses. For example, a user working in the Emergency Department would most likely want to see Emergency benefits on their My Response. The **generic** template contains Inpatient, Outpatient, and Emergency benefits and is recommended for users who need access to multiple benefit types. The goal of the My Response is to bring forward the benefits that are most relevant to the user while hiding any benefits not relevant to the registrar's role. Select a template, and then click **set my view**.

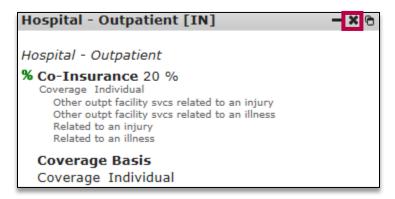






My Response will now display the benefits that are a part of that template. Review the template to become familiar with the benefits that are a part of the view. Available benefits will vary by payer. For optimal results, customize using an active response that contains the benefits that you expect to see on your responses in normal circumstances.

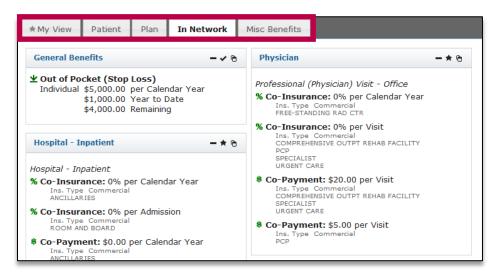
Remove any unwanted benefits by clicking the x on that benefit's widget.



A confirmation prompt will appear. Click yes to remove the widget.



If any needed benefits are missing from the selected template, they may be added to the My Response. Any benefits that are not a part of the chosen template can be found under the other tabs.



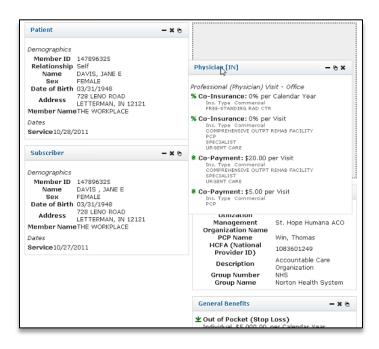




Locate the desired benefit and click on the **star** icon. The star icon will turn into a **checkmark** to indicate that your preference has been saved. This benefit will now be located on the bottom left-hand side of the My Response tab.



Users may also rearrange the layout of the benefits based on their preferences. To reposition a widget, left-click on the grey title bar of the benefit and drag the widget to the desired location.



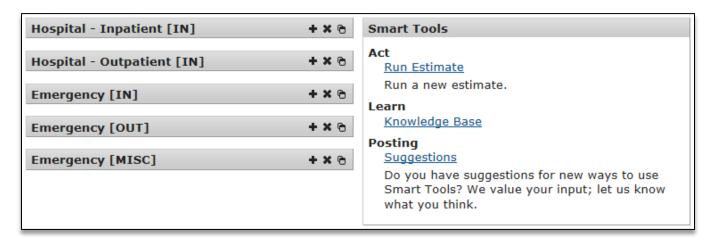
Tip: Use the collapse button in the upper right corner of the screen to minimize all the widgets and make them easier to move around the page.







The smaller size of the collapsed widgets makes them more manageable during the customization process.



When you're satisfied with the arrangement of the widgets, click the expand button to expand the widgets again.



When you're happy with the view, click save.



A confirmation prompt will display. Click **yes** to apply your settings to all payers of the same payer type for a standardized, consistent view of benefits.







Other Options

Users can print the response in both My Response and Full Response formats by clicking **print**.



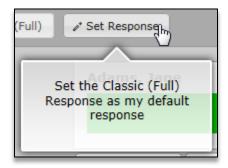
To view the Full Response, click Classic (Full).



To change your **default response**, click **set response**. The default response is the response is the response that loads when you search for eligibility: If My View is your default, you will be automatically brought to the My View page upon running an eligibility transaction. Please note that this feature may not be available at all facilities.



If you're not sure which view is your default, hover over the button. In the example below, the My View is the default response, so clicking the **set response** button would cause the Full Response to be the default response for future transactions. This preference may be changed at any time.



To run a new search with the current payer, click **new** to be redirected to the payer's submission form. To edit the current search, click **edit** to be redirected to the submission form. The current search criteria will remain filled in to allow for quick editing and correction of typos.







The response can also be copied to your computer's clipboard by clicking the copy button.



To copy an individual widget, click the copy button on the desired widget.







Full Response

The **Full Response**, also known as the **Classic Response** displays all of the information returned from the payer on one page.



A banner across the top of the page will indicate the member's eligibility status.

Member is Eligible

Below the eligibility status, the search criteria that OneSource sent to the payer will be listed.

SEARCH CRITERIA	
NPI:	
Subscriber ID:	U123456789
Patient Date of Birth:	10/16/1963
Relationship to Subscriber:	Self
Eligibility Coverage Type:	Health Benefit Plan Coverage
Date of Service:	04/18/2012

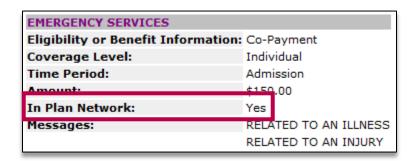




The benefits will displayed below the search criteria. Each benefit will have a header to indicate the service type. Information returned will vary by payer and plan.

EMERGENCY SERVICES	
Eligibility or Benefit Information:	Co-Payment
Coverage Level:	Individual
Time Period:	Admission
Amount:	\$150.00
In Plan Network:	Yes
Messages:	RELATED TO AN ILLNESS
	RELATED TO AN INJURY

In Plan Network indicates if the benefit is in-network or out-of-network.



Use the tabs at the top of the page to toggle between the Full Response and the My Response. Users may also click on the **Mini Response**, which is a shortened version of the My Response.

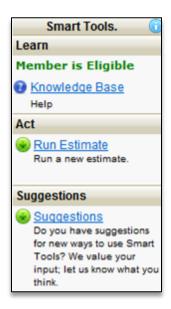
The buttons on the upper right side of the page can be used to run a **new** transaction with the current payer, **edit** the current transaction, **print** the transaction, or **copy** the transaction to the clipboard.







The **Smart Tools** toolbar is displayed on the right side of the response. Smart Tools will always feature a link to our extensive help section as well as a link to send us your suggestions for Smart Tools. Additional information and options may be listed under Smart Tools depending on the content of the eligibility response and the products implemented at your facility.



A unique **reference number** will be listed at the bottom of each transaction. Use this reference number when contacting Customer Support with inquiries about a specific transaction.

Below the reference number, a date and timestamp will be listed, along with the name of the user running the transaction.

Experian Health Reference Number: 20170215-16720815

Transaction run on 2/15/2017 at 3:35:01 PM CT by Heather Kalapodis - Experian Health





Batch Transactions

If you have several transactions to run with the same payer, it may be beneficial to run these as a **batch**. Batches allow you to enter information for all patients at one time and view the results at the end. To enable batch mode, click **new batch**.

Immediate response available.			
CIGNA Eligibility			
Search Options:	Subscriber ID, Patient DOB	~	
NPI:	Opposite presidents	•	
Subscriber ID:			
Patient Date of Birth:			
Relationship to Subscriber:	Please make a selection	~	
Eligibility Coverage Type:	Health Benefit Plan Coverage	~	
Date of Service:	03/23/2015		
	Go		
New Ba	My Batches My Singles		





A pop-up window will open. Your batch will be assigned a **batch ID**. In the example below, the batch ID is 001, indicating that it is the first batch this user has created for the day.

If you would like to share your batch, click the checkbox next to **shared batch**. Sharing a batch allows the transactions you run as a part of the batch to be easily viewed by all OneSource users at your facility. Users are able to view these transaction via the **shared batches** tab in **My Transactions**.

If desired, give your batch a name. The date of service will default to today's date, but you may change it by clicking on the calendar icon. When you're finished, click **go**.

Create New C	IGNA Batch
Batch ID: 001	Shared Batch?
Batch Label (optional):	
Default Date (optional):	03/23/2015
Gol C	ancel

A box will appear on the submission form to indicate that you are in batch mode. Enter the information for your first patient, then click **go**.

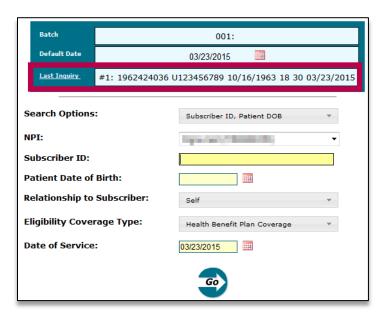
	Batch		001:			
	Default Date	03/23/2	015			
	<u>Last Inquiry</u>		None			
Search Options:	S	ubscriber ID,	Patient [ООВ	~	
NPI:	Equation (Charles St.)					
Subscriber ID:	criber ID: U123456789					
Patient Date of Birth:	101	161963				
Relationship to Subsc	riber: s	elf			~	
Eligibility Coverage T	уре:	ealth Benefit	: Plan Cov	verage	*	
Date of Service:	03/	23/2015				
		Go				



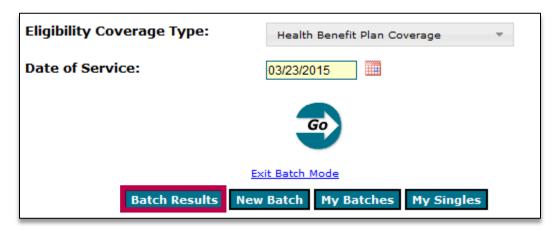


OneSource will process the transaction in the background. The form will be cleared out to allow you to enter your next patient, and a record of the last inquiry will be shown in the batch box at the top of the page.

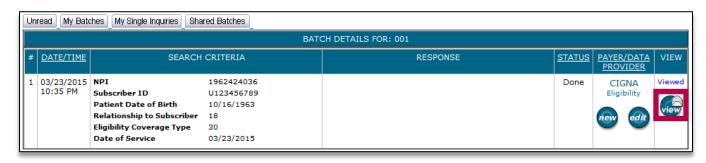
Enter the next patient's information and click go. Repeat this process as needed.



When you are done with the batch, click batch results to view the results.



A list of all transactions in the batch will be displayed. Click **view** to view each transaction.







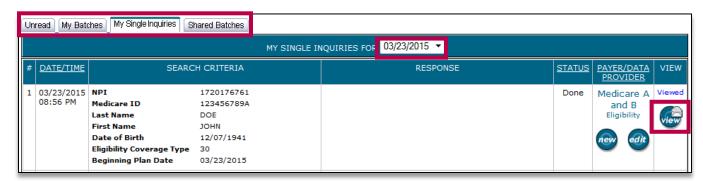
My Transactions

OneSource saves all of your transactions for the last 7 days, so if you need to view a response from the last week, there's no need to rerun the transaction. To view all of your transactions for the past 7 days, click **My Transactions**. This link is located on the toolbar on the left side of the page under the **transactions** section.



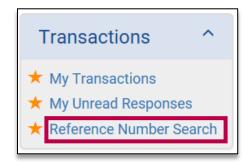
All transactions for the current date will be displayed. To navigate to a different date, choose a date from the dropdown menu. To view a transaction, click **view**.

Users may also navigate to their **unread responses**, **batch transactions**, and **shared batches** using the tabs at the top of the screen.



Reference Number Search

Users can look up any OneSource transaction run by any user at their facility within the last 60 days by clicking on **reference number search**. Reference numbers are located at the bottom of each transaction.







Enter the reference number and click **search**. The transaction will be displayed below.

Reference Number Search
The Passport Reference Number Lookup allows you to pull a historical transaction submitted by your facility within the last 60 days. Transactions processed within the last 24 hours may not be available using this tool. You can view current transactions and up to 7 days of transaction history under the My Transactions link.
The format is YYYYMMDD-NNNNNNN (for example - 20110603-1234567).
Transaction Reference ID Search

Customer Support

For additional inquiries, please contact Experian Health Customer Support. Customer support is available 24/7.

E-mail: Customer.Support@ExperianHealth.com

Phone: (866) 854-6796

Experian Health Product Dashboard:

http://www.experianhealthproductdashboard.com

Payer Status: http://www.passportsystemstatus.com