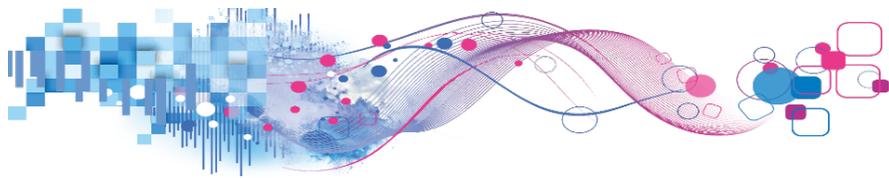


OneSource

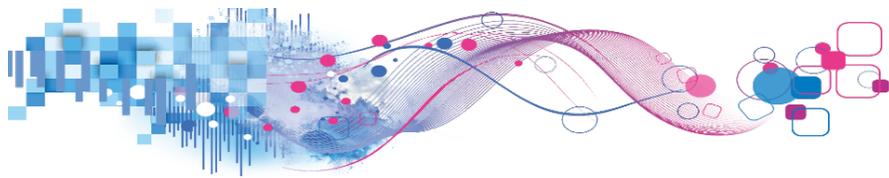
Eligibility User Guide



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Updated 4/12/17



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**.

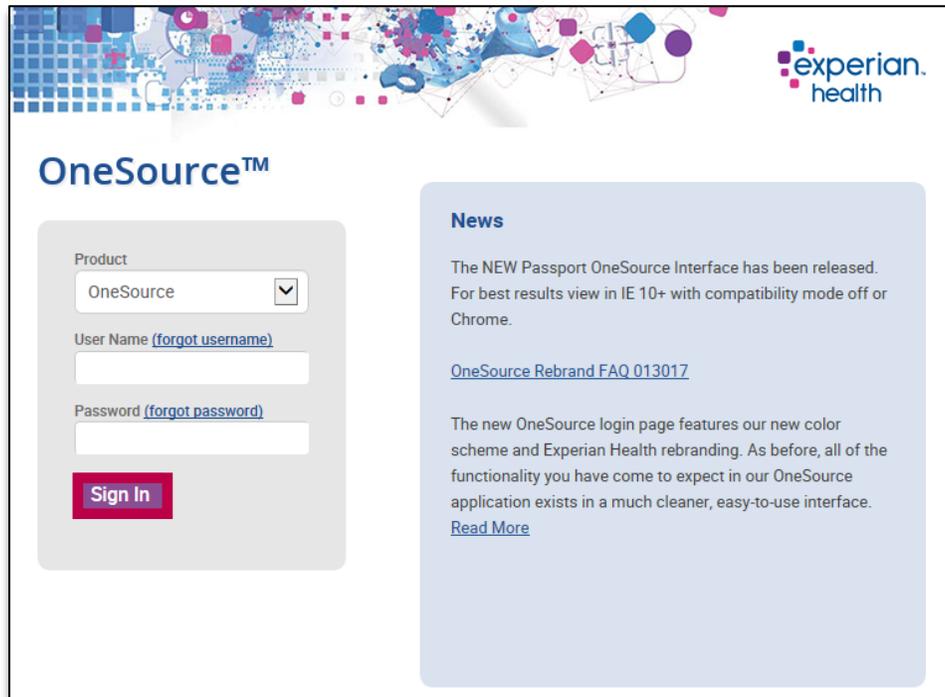
Getting Started

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.

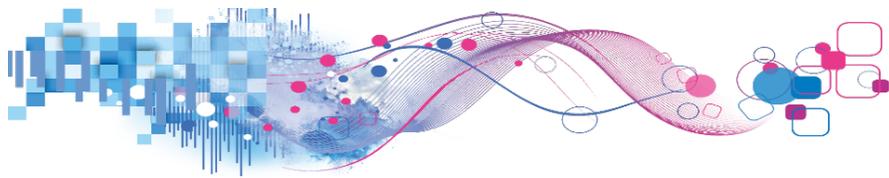
Experian Health's enrollment team will provide the primary client contact with a master list of user credentials. Initially, users will be provided with a temporary password. Upon their first login, each user will be prompted to choose their own secure password.

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 **case-sensitive**.



*Tip: Be sure to add **[passportonesource.com](http://www.passportonesource.com)** to your favorites or create a desktop shortcut!*

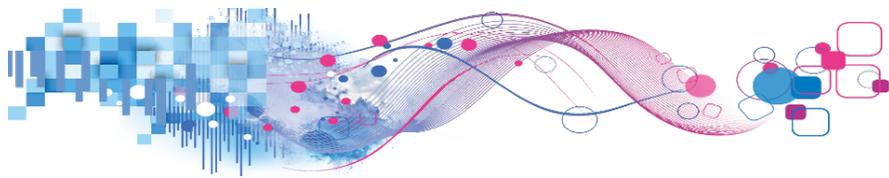


If you have forgotten your user name or password, **forgot username** and **forgot password** links are located next to these fields to assist with user name retrieval or password resets.

Please note that there is also a product dropdown menu on the login screen. The dropdown will be defaulted to OneSource.

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.

Profile	Challenge Questions
Challenge Questions ⚠	You are required to answer the following questions for authentication purposes. If you forget your password in the future, you can access OneSource by correctly answering the following questions. ⚠
Change Password	What are the LAST four digits of your Social Security Number? <input type="text"/>
	In what month were you born? January ▼
	In what CITY were YOU BORN? ▼ <input type="text"/>
	Submit Questions

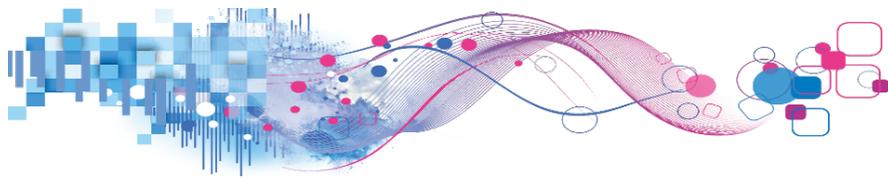


Next, you will be prompted to choose a new password. As a password that meets Experian Health's password criteria is entered, the password rules box will change from red to green. After entering the password twice, click **change password**.

Profile	Change Password
Challenge Questions	We encourage you to select a strong password that is easy for you to remember but difficult for others to guess.
Change Password	Password Rules <ul style="list-style-type: none">✓ At least 3 criteria must be met<ul style="list-style-type: none">✓ At least 1 lower case letter(s)✓ At least 1 capital letter(s)✓ At least 1 number(s)✗ At least 1 special character(s)✓ Between 8 and 20 characters New Password <input type="password" value="••••••••"/> Retype New Password <input type="password"/>
	Change Password

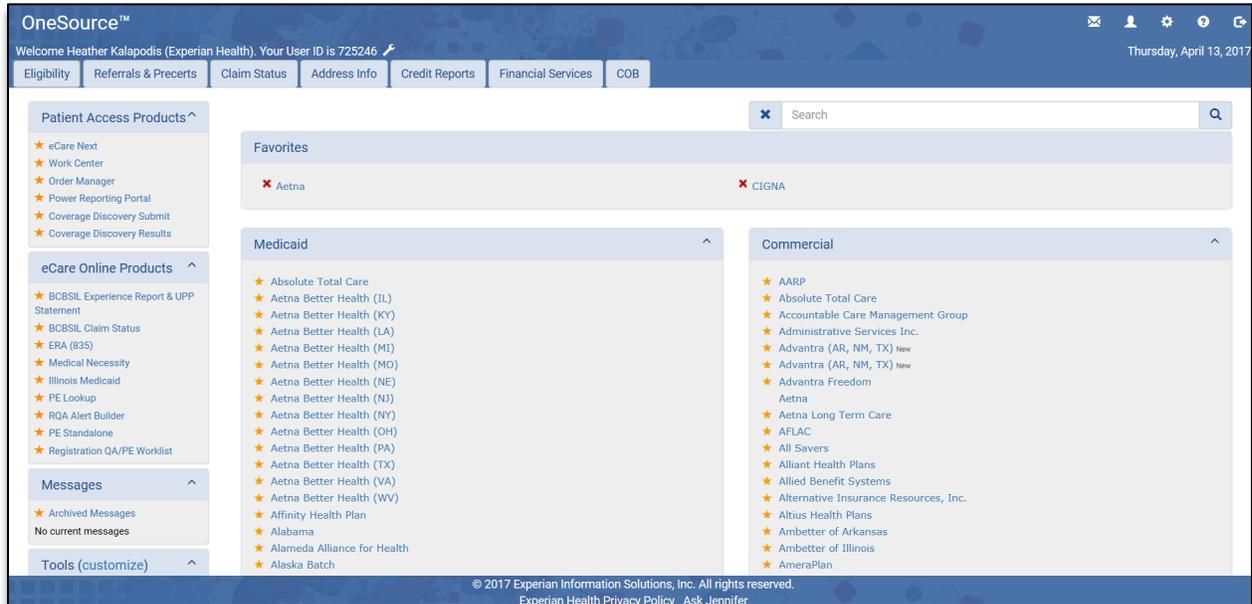
A message will appear to confirm that your password was changed successfully.

Profile	Change Password
Challenge Questions	We encourage you to select a strong password that is easy for you to remember but difficult for others to guess.
Change Password	Password Rules <ul style="list-style-type: none">✓ At least 3 criteria must be met<ul style="list-style-type: none">✓ At least 1 lower case letter(s)✓ At least 1 capital letter(s)✓ At least 1 number(s)✗ At least 1 special character(s)✓ Between 8 and 20 characters New Password <input type="password"/> Retype New Password <input type="password"/>
	Password changed successfully Change Password

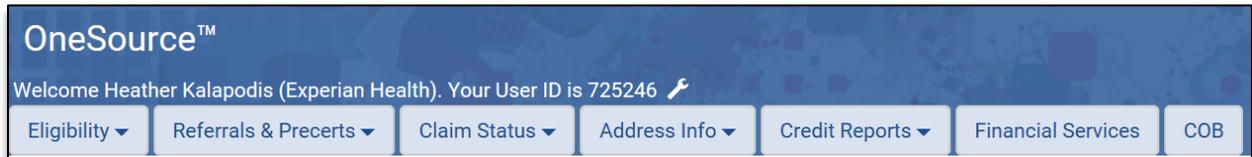


Navigation

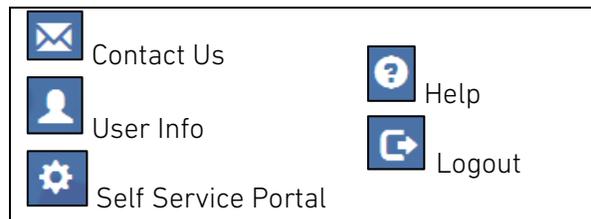
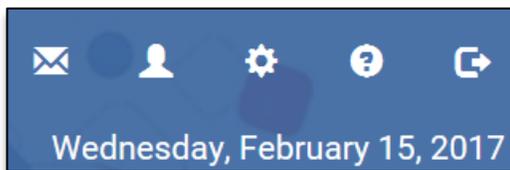
Once your password has been changed, you will be redirected to main OneSource screen shown below. Please note that the availability of payers and functions will vary by facility.

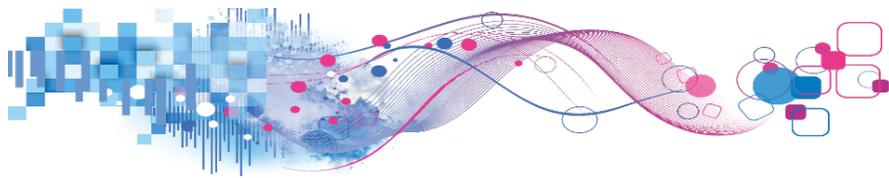


The user's name, facility, and user ID will be listed across the top left side of the page. Below this will be tabs for the various functions of OneSource: **eligibility, referrals and precerts, claim status, address info, credit reports, financial services, codes, and COB.**



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



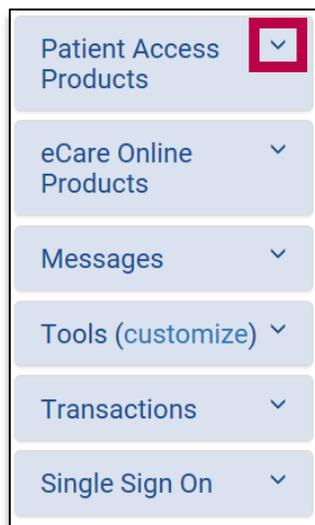


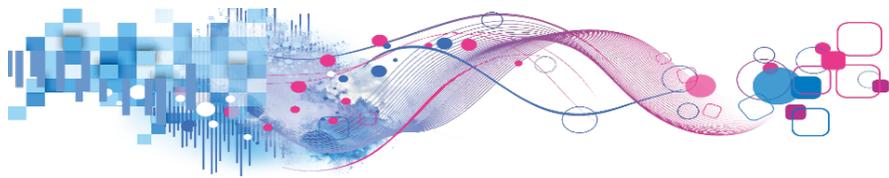
A toolbar on the left of the page contains useful supplemental tools and links. These links are organized into categories for easy navigation. The categories include **Patient Access Products, eCare Online Products, Messages, Tools, Transactions, and Single Sign On.** Available links will vary by facility.

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



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



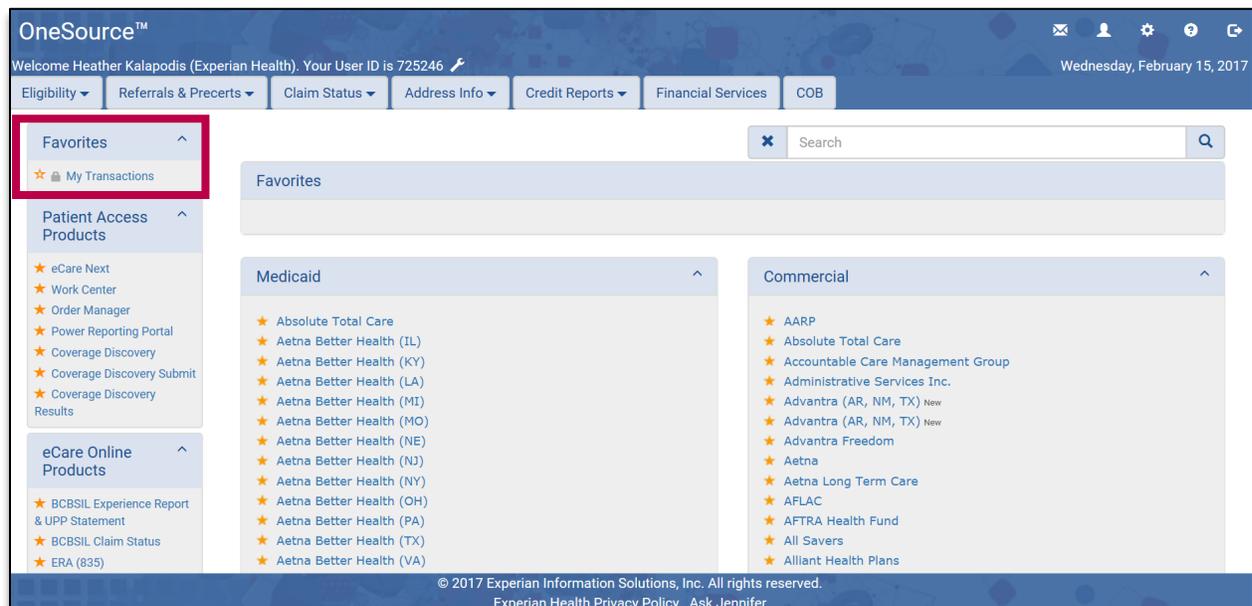


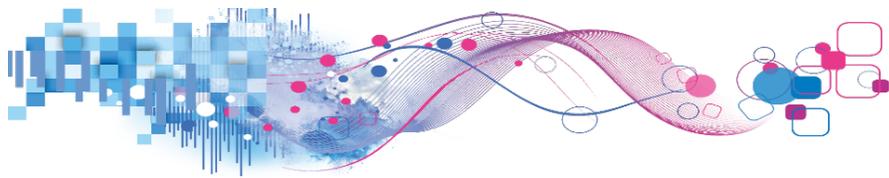
You may also pin your favorite links to the top of the toolbar.

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.



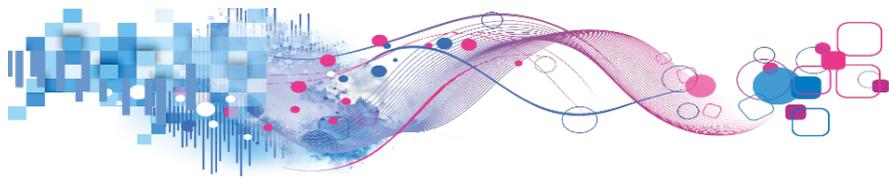


Payer List

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.

The screenshot shows a web interface for a Payer List. At the top right, there is a search bar with a magnifying glass icon and the text "Search". Below the search bar is a "Favorites" section, which is currently empty. The main content area is divided into two columns. The left column is titled "Medicaid" and contains a list of 14 payers, each preceded by a yellow star icon. The right column is titled "Commercial" and contains a list of 12 payers, each preceded by a yellow star icon. The "Medicaid" and "Commercial" headers are highlighted with red boxes in the original image.

Medicaid	Commercial
★ Absolute Total Care	★ AARP
★ Aetna Better Health (IL)	★ Absolute Total Care
★ Aetna Better Health (KY)	★ Accountable Care Management Group
★ Aetna Better Health (LA)	★ Administrative Services Inc.
★ Aetna Better Health (MI)	★ Advantra (AR, NM, TX) <small>New</small>
★ Aetna Better Health (MO)	★ Advantra (AR, NM, TX) <small>New</small>
★ Aetna Better Health (NE)	★ Advantra Freedom
★ Aetna Better Health (NJ)	★ Aetna
★ Aetna Better Health (NY)	★ Aetna Long Term Care
★ Aetna Better Health (OH)	★ AFLAC
★ Aetna Better Health (PA)	★ AFTRA Health Fund
★ Aetna Better Health (TX)	★ All Savers
★ Aetna Better Health (VA)	★ Alliant Health Plans



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.

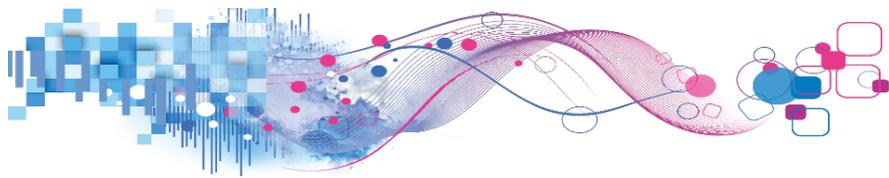
A search bar with a blue border. On the left, there is a blue 'x' icon. The text 'United' is entered in the search field. On the right, there is a grey 'x' icon and a red search button with a magnifying glass icon.

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.

A screenshot of a search results page. At the top, there is a search bar with 'United' and a magnifying glass icon. Below the search bar, there are three main sections: Favorites, Medicaid, and CHIP. The Medicaid section contains one result: 'UnitedHealth Community Plan'. The CHIP section contains one result: 'Columbia United Providers CHIP New'. The Commercial section contains four results: 'United Agriculture Benefit Trust', 'United Mine Workers Association', 'UnitedHealthcare', 'UnitedHealthcare Life Insurance Company', and 'UnitedHealthcare West'. Each result is preceded by a yellow star icon.

To clear the search results, click the x.

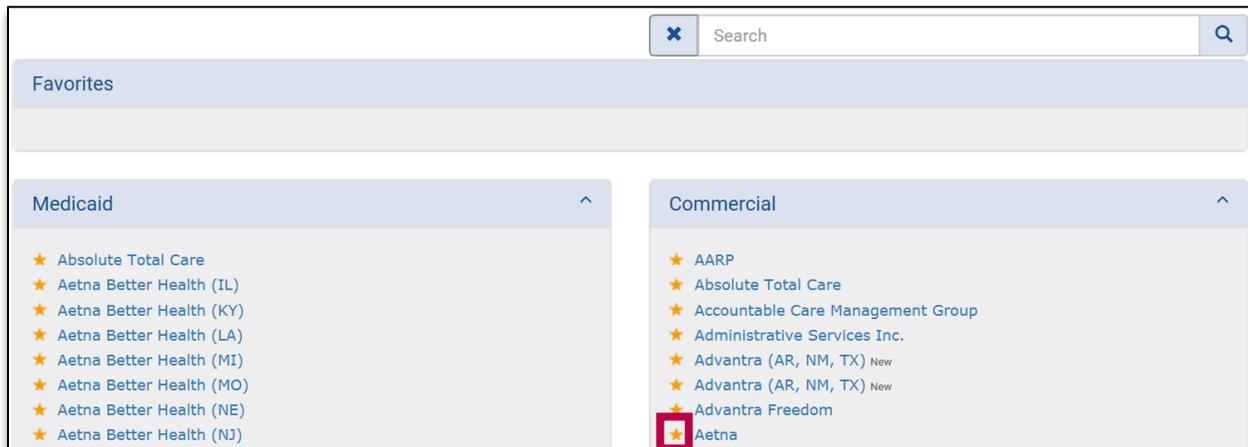
A search bar with a blue border. On the left, there is a red 'x' icon. The text 'United' is entered in the search field. On the right, there is a grey 'x' icon and a red search button with a magnifying glass icon.



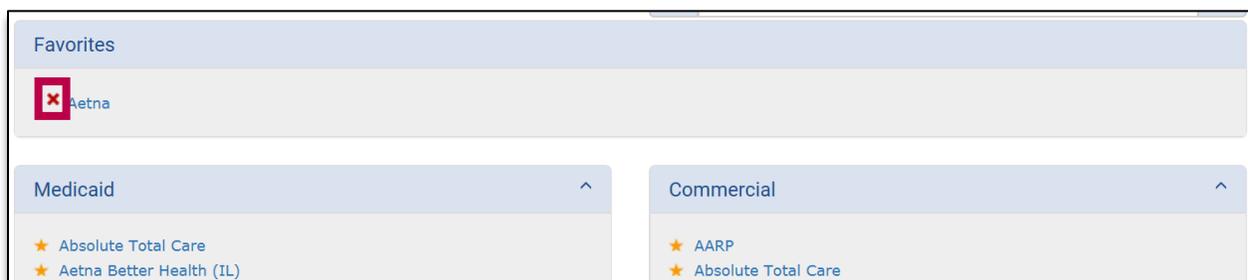
Favorites

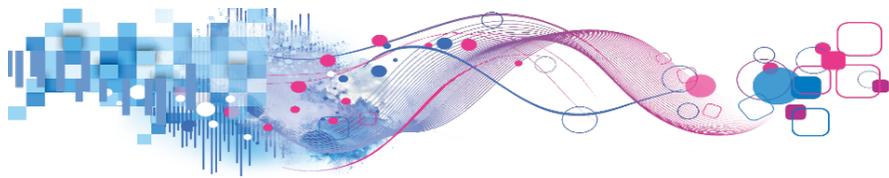
Frequently used payers can be added to your favorites list for easy access. To add a payer to your favorites, click the star icon to the left of the payer's name.

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.

- ★ RightCare
- ★ Rocky Mountain Health Plan
- ★ Select Health (SC)
- ★ Sendero Health Plans
- ★ Senior Whole Health

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. When a response has been returned, users will see a number in red next to the My Transactions link. The number indicates how many unread responses are ready for review. In the example below, there is one unread transaction. Click **My Transactions**.

Transactions

- ★ My Transactions 1
- ★ Reference Number Search

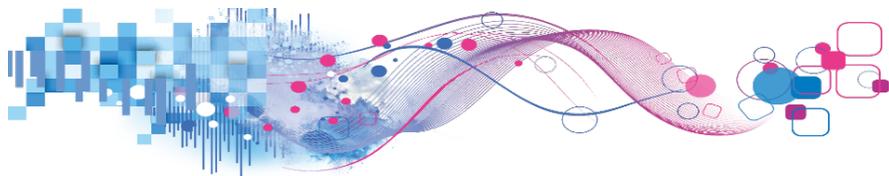
Click on the **Unread Responses** tab.

My Transactions | **Unread Responses 1** | Single Inquiries | My Batches | Shared Batches

Start Date: 4/11/2017 | End Date: 4/11/2017 | Go

Page 1 of 1

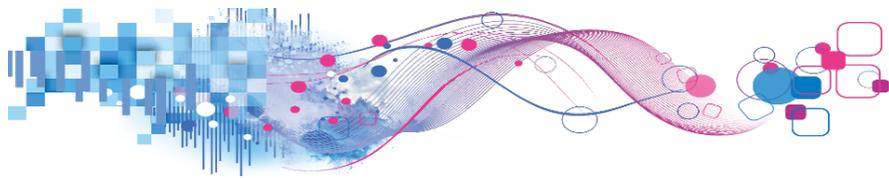
Reference Number	Date	Payer	Response
+ 20170411-11700810	04-11-2017 21:31:40	CIGNA	Member Not F
+ 20170411-11720539	04-11-2017 21:35:22	CIGNA	Active Covera
+ 20170411-11724691	04-11-2017 21:36:07	CIGNA	Active Covera



Click **view** to view the response.

#	Date/Time	Search Criteria	Response	Status	Batch Label	Payer/Data Provider	
1	04-11-2017 21:36:07	NPI ██████████ Subscriber ID:U123456789 Patient Date of Birth:10/16/1963 Relationship to Subscriber:18 Eligibility Coverage Type:30 Date of Service:04/11/2017		Done		CIGNA	

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.

- ★ **CIGNA**
- ★ Coastal Management Services-Aspire
- ★ Colorado
- ★ Common Ground
- ★ Community Care Alliance of Illinois
- ★ Community Care of Oklahoma

The payer submission form will be displayed.

Immediate response available.

CIGNA Eligibility

Search Options: Subscriber ID, Patient DOB

NPI: [Redacted]

Subscriber ID: [Yellow input field]

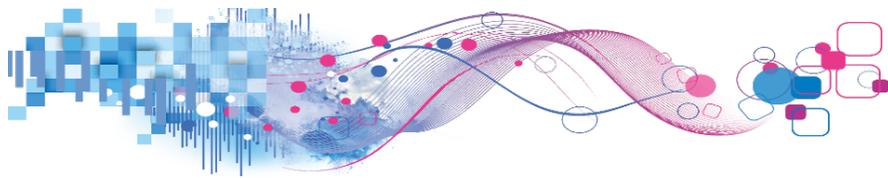
Patient Date of Birth: [Yellow input field] [Calendar icon]

Relationship to Subscriber: Please make a selection

Eligibility Coverage Type: Health Benefit Plan Coverage

Date of Service: 01/21/2015 [Calendar icon]

Go [Right arrow icon]



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

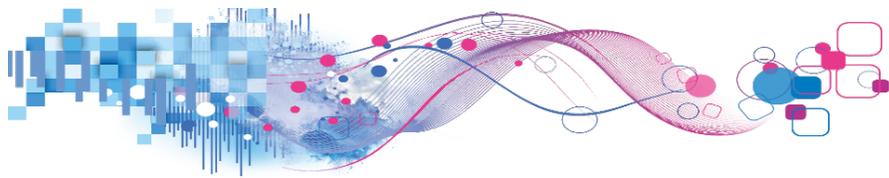
Fill in all required fields for the selected search option. All fields in **bold** are required.

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

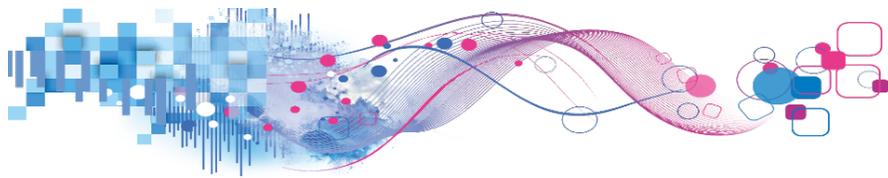
Search Options:	<input type="text" value="Subscriber ID, Patient DOB"/>
NPI:	<input type="text" value=""/>
Subscriber ID:	<input type="text" value="U123456789"/>
Patient Date of Birth:	<input type="text" value="10161963"/>
Relationship to Subscriber:	<input type="text" value="Self"/>
Eligibility Coverage Type:	<input type="text" value="Health Benefit Plan Coverage"/>
Date of Service:	<input type="text" value="01/21/2015"/>

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.

CIGNA Eligibility

please wait

It may take a few moments for your inquiry to process.
Thank you for your patience.

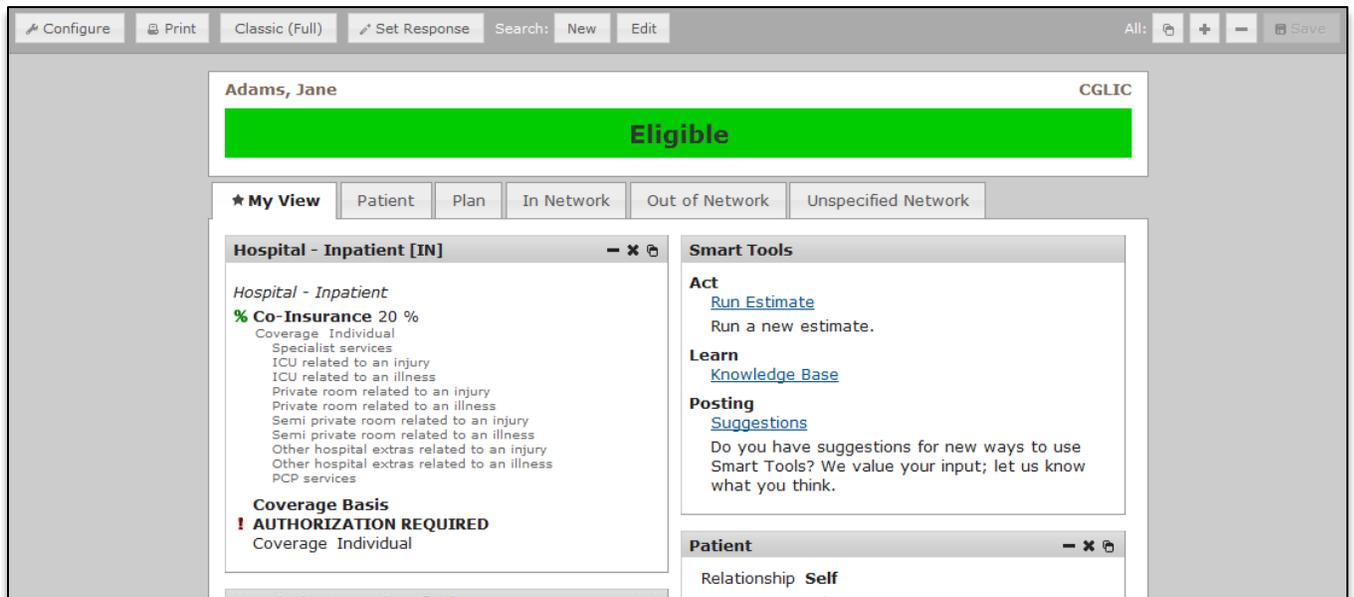


Viewing the Response

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.



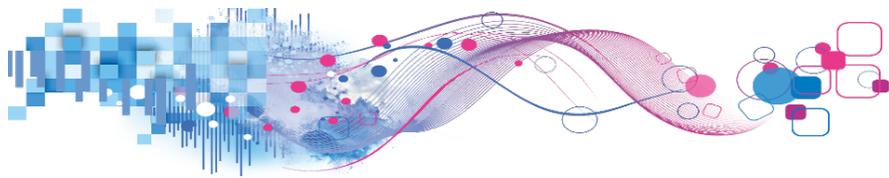
A color-coded banner will appear at the top of the page to indicate the patient's eligibility status. Banners may be green, yellow, or red. A green banner indicates that the patient is eligible.



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.





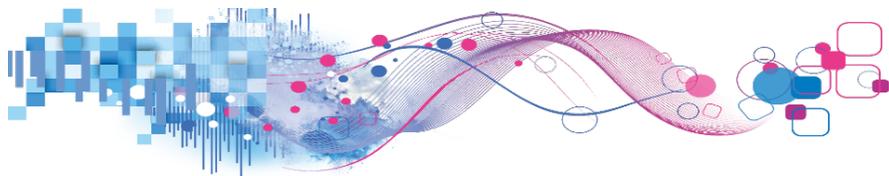
A red banner indicates that the patient is inactive or ineligible.



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.

Smart Tools

Act
Check Eligibility
Medicare HMO Available
Humana Eligibility

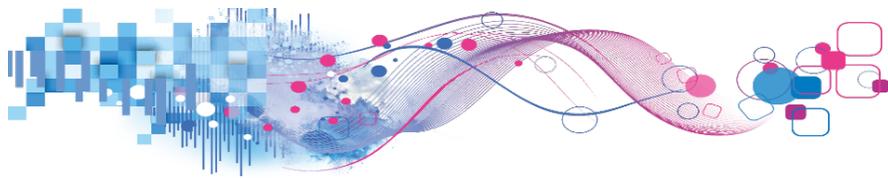
Learn
[Knowledge Base](#)

Posting
[Suggestions](#)
Do you have suggestions for new ways to use Smart Tools? We value your input; let us know what you think.

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 #: [20170215-16720815](#)
Transaction run on 2/15/2017 3:35:03 PM by Heather Kalapodis (Experian Health)*



Customize

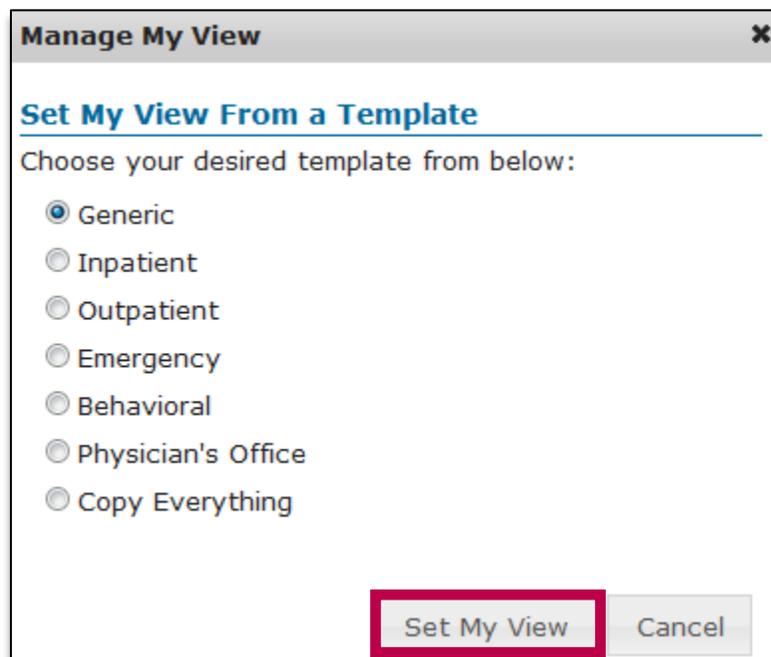
My Response can be customized to only display the benefits that are relevant to you. This customization will need to be set up once per payer type.

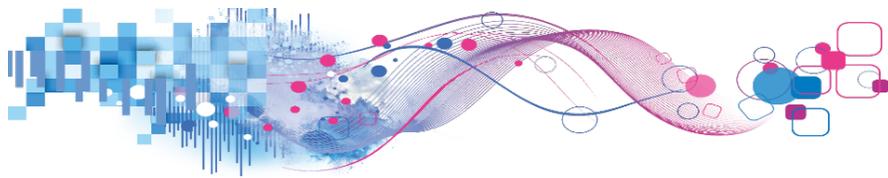
If you are using My Response for the first time, you may be automatically prompted to choose a template for customization. Otherwise, to begin customizing, click the **configure** button.

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



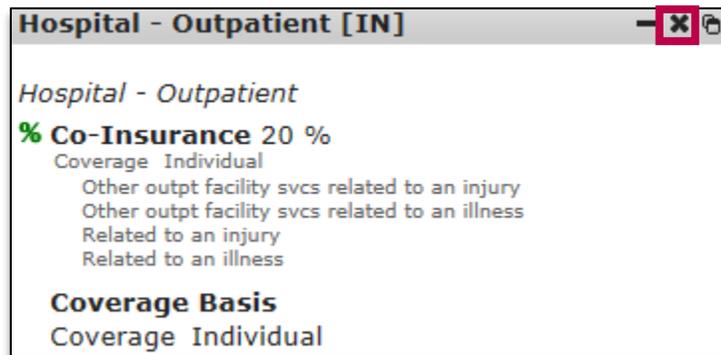
Upon clicking **configure**, the user will be prompted to select a **template**. These templates reflect Experian Health's best practices of what a registrar working in a certain area would most likely need to see on their eligibility responses. For example, a user working in the Emergency Department 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**.



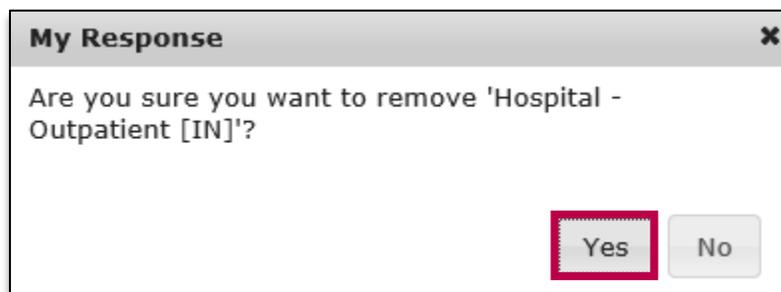


My Response will now display the benefits that are a part of that template. Review the template to become familiar with the benefits that are a part of the view. Available benefits will vary by payer. For optimal results, customize using an active response that contains the benefits that you expect to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

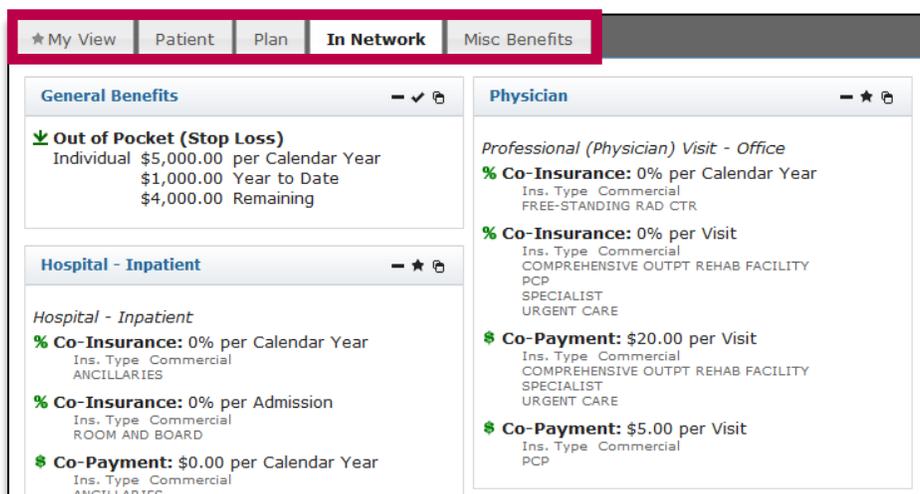
Remove any unwanted benefits by clicking the x on that benefit's widget.

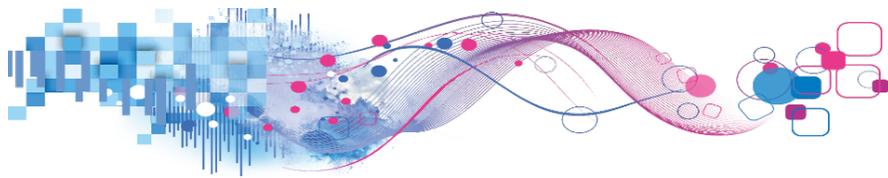


A confirmation prompt will appear. Click **yes** to remove the widget.

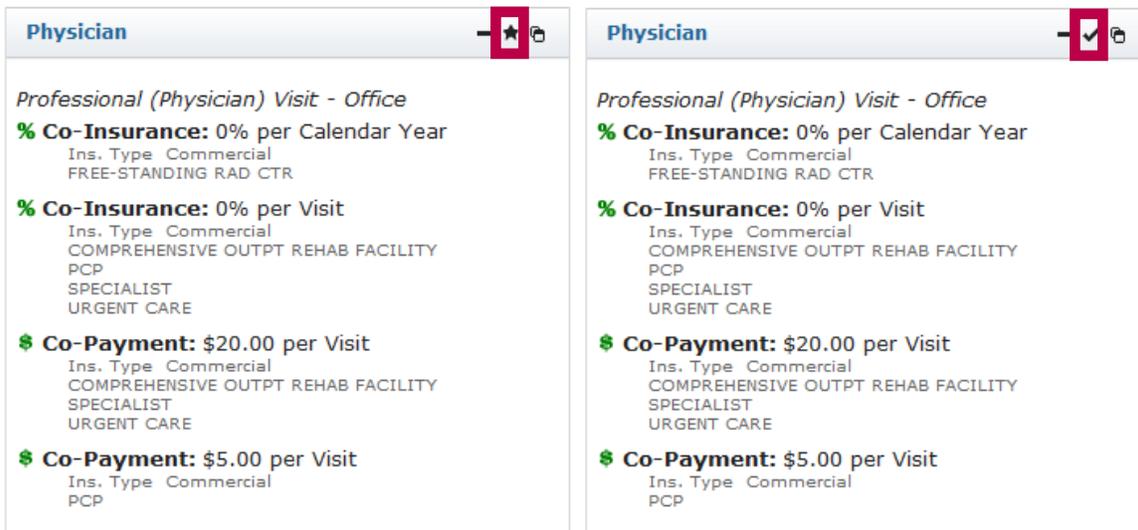


If any needed benefits are missing from the selected template, they may be added to the My Response. Any benefits that are not a part of the chosen template can be found under the other tabs.

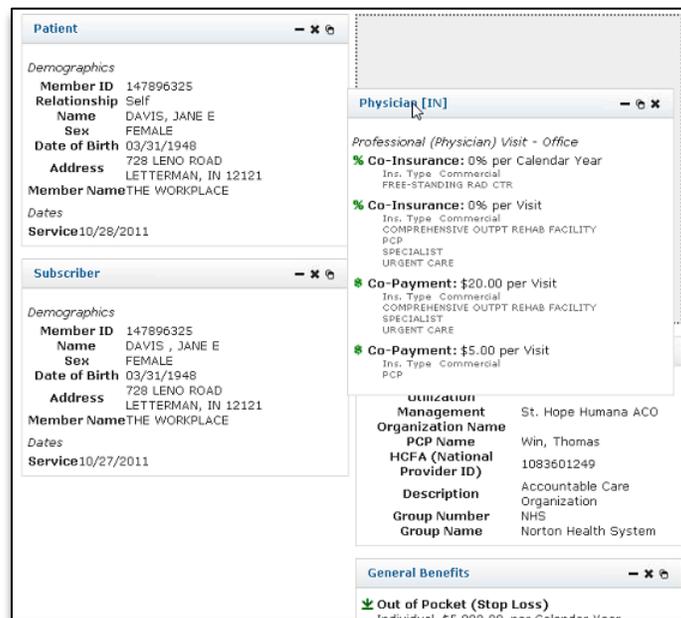




Locate the desired benefit and click on the **star** icon. The star icon will turn into a **checkmark** to indicate that your preference has been saved. This benefit will now be located on the bottom left-hand side of the My Response tab.

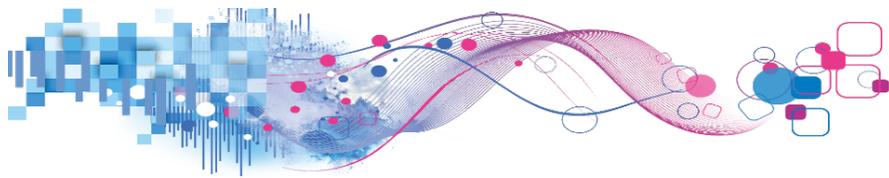


Users may also rearrange the layout of the benefits based on their preferences. To reposition a widget, left-click on the grey title bar of the benefit and drag the widget to the desired location.



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.

Hospital - Inpatient [IN] + ✕ 🗑	Smart Tools Act Run Estimate Run a new estimate. Learn Knowledge Base Posting Suggestions Do you have suggestions for new ways to use Smart Tools? We value your input; let us know what you think.
Hospital - Outpatient [IN] + ✕ 🗑	
Emergency [IN] + ✕ 🗑	
Emergency [OUT] + ✕ 🗑	
Emergency [MISC] + ✕ 🗑	

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

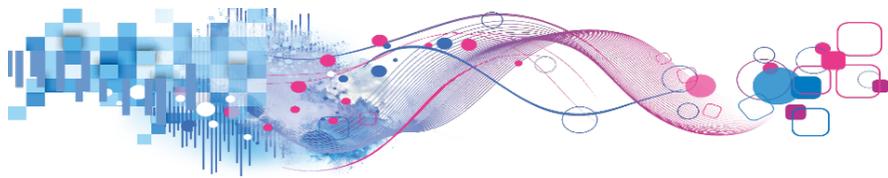


When you're happy with the view, click **save**.



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.

My Response ✕
Do you really want to change this for all commercial payers?



Other Options

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



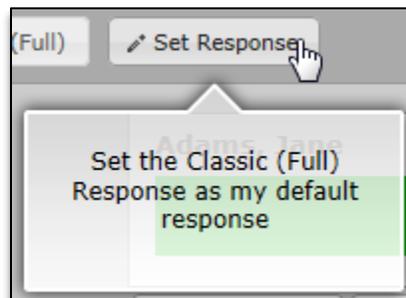
To view the Full Response, click **Classic (Full)**.



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.

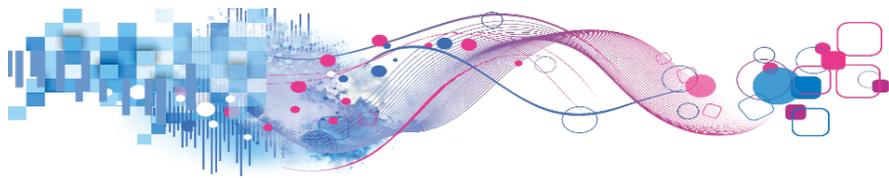


If you're not sure which view is your default, hover over the button. In the example below, the My View is the default response, so clicking the **set response** button would cause the Full Response to be the default response for future transactions. This preference may be changed at any time.



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.



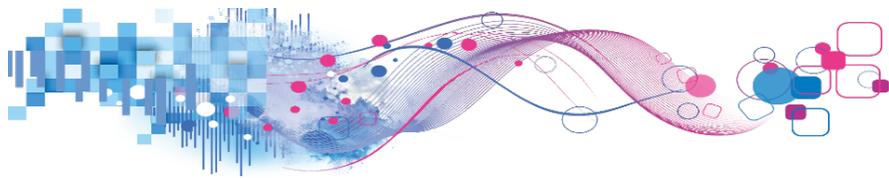


The response can also be copied to your computer's clipboard by clicking the copy button.



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.

Full Mini My Response

CIGNA Eligibility

NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.

Member is Eligible

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

Smart Tools.

Learn

Member is Eligible

[Knowledge Base](#)

Help

Act

[Run Estimate](#)
Run a new estimate.

Suggestions

[Suggestions](#)
Do you have suggestions for new ways to use Smart Tools? We value your input; let us know what you think.

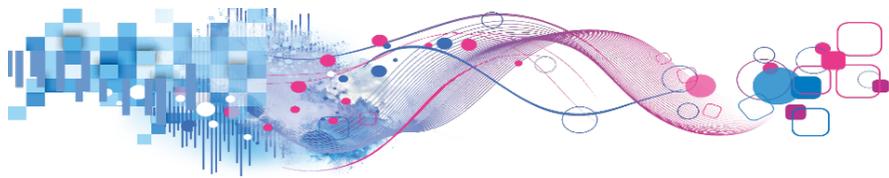
SVC36

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



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 (yes) or out-of-network (no).

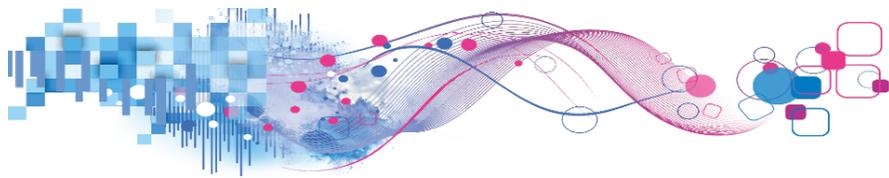
EMERGENCY SERVICES	
Eligibility or Benefit Information:	Co-Payment
Coverage Level:	Individual
Time Period:	Admission
Amount:	\$150.00
In Plan Network:	Yes
Messages:	RELATED TO AN ILLNESS RELATED TO AN INJURY

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 response.

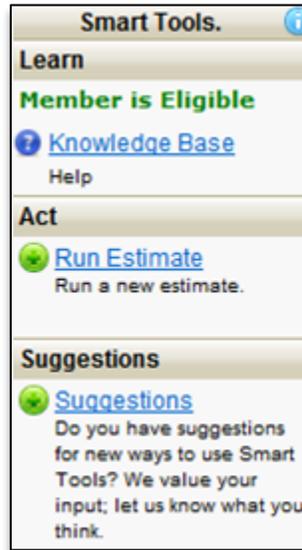
The buttons on the upper right side of the page can be used to run a new transaction with the current payer, edit the current transaction, print the transaction, or copy the transaction to the clipboard.

Full
Mini
My Response

new
edit

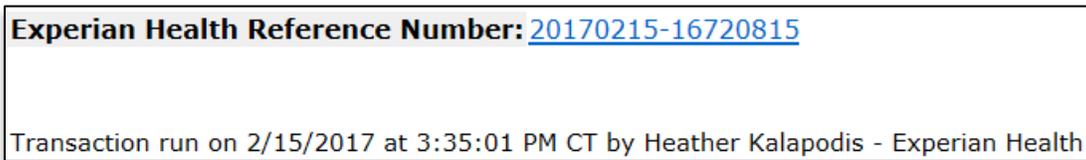


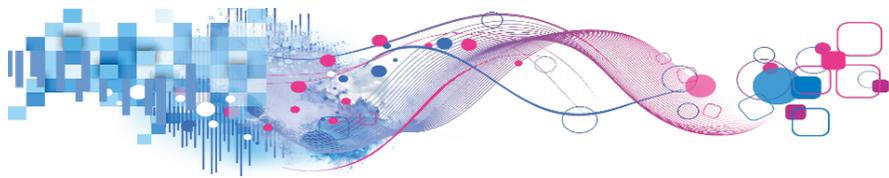
The **Smart Tools** toolbar is displayed on the right side of the response. Smart Tools will always feature a link to our extensive help section as well as a link to send us your suggestions for Smart Tools. Additional information and options may be listed under Smart Tools depending on the content of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





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:

NPI:

Subscriber ID:

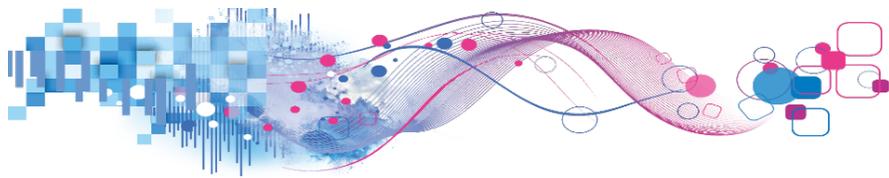
Patient Date of Birth:

Relationship to Subscriber:

Eligibility Coverage Type:

Date of Service:

[New Batch](#) [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 CIGNA Batch

Batch ID: **001** Shared Batch?

Batch Label (optional):

Default Date (optional): 03/23/2015

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: 03/23/2015

[Last Inquiry](#): None

Search Options: Subscriber ID, Patient DOB

NPI:

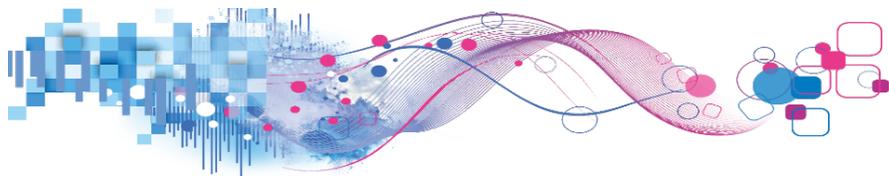
Subscriber ID: U123456789

Patient Date of Birth: 10161963

Relationship to Subscriber: Self

Eligibility Coverage Type: Health Benefit Plan Coverage

Date of Service: 03/23/2015



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.

Batch: 001:
Default Date: 03/23/2015
Last Inquiry #1: [redacted] U123456789 10/16/1963 18 30 03/23/2015

Search Options: Subscriber ID, Patient DOB
NPI: [redacted]
Subscriber ID: [redacted]
Patient Date of Birth: [redacted]
Relationship to Subscriber: Self
Eligibility Coverage Type: Health Benefit Plan Coverage
Date of Service: 03/23/2015

Go

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

Eligibility Coverage Type: Health Benefit Plan Coverage
Date of Service: 03/23/2015

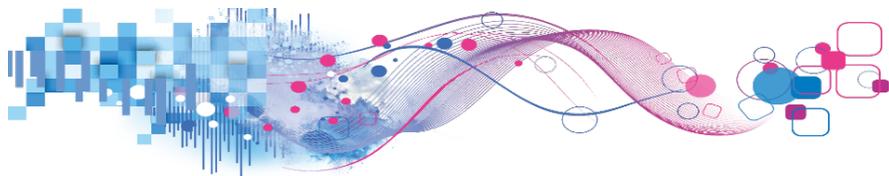
Go

[Exit Batch Mode](#)

Batch Results New Batch My Batches My Singles

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

Search Criteria	Response	Status	Payer/Data Provider	Actions
NPI: [redacted] Subscriber ID:U123456789 Patient Date of Birth:10/16/1963 Relationship to Subscriber:01 Eligibility Coverage Type:30 Date of Service:04/12/2017	Not Found Subscriber ID:U123456789	Done	CIGNA	New Edit View



My Transactions

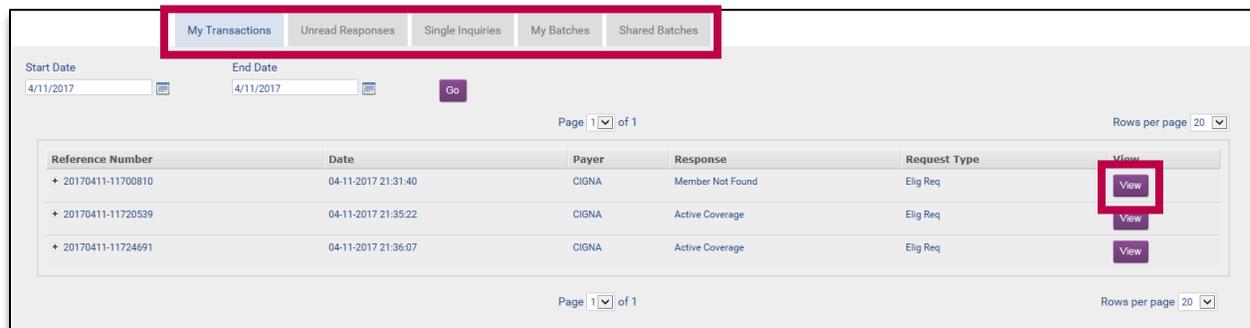
OneSource saves all of your transactions for the last 90 days, so if you need to view a response from the last week, there's no need to rerun the transaction. To view a transaction from the last 90 days, click **My Transactions**. This link is located on the toolbar on the left side of the page under the **Transactions** section.

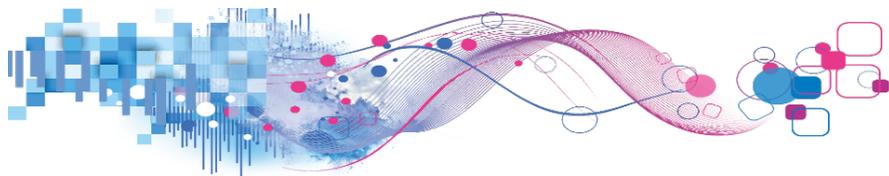


All transactions for the current date will be displayed. To view transactions for another date or date range, adjust the date parameters using the **start date** and **end date** fields.



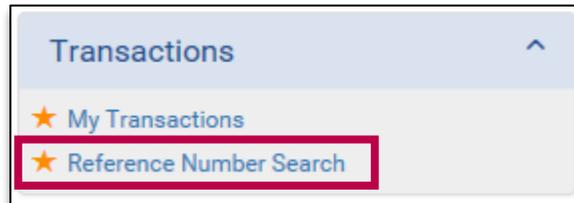
Users may also navigate to their **unread responses**, **single inquiries**, **batch transactions**, and **shared batches** using the tabs at the top of the screen. To view a response, click **view**.





Reference Number Search

Users can look up recent OneSource transactions run by any user at their facility 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

Customer Support

For additional inquiries, please contact Experian Health Customer Support by creating a case in the Customer Support Portal, or by e-mail or phone. 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.passportssystemstatus.com>