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Introduction

The Self-Service Portal (SSP) is a tool that allows client admins to maintain a variety of different aspects of their facility’s OneSource (OS), Electronic Data Interchange (EDI), IntelliSource (IS), and eCare NEXT (eCN) setups.

The SSP offers administrators the chance to manage their facility’s NPI numbers; control the payers that users can access; add, modify, and disable user accounts; manage payer mappings; configure IP restrictions; and access online reports. Usage of SSP features will vary by facility based on products implemented at your facility.

Getting Started

Please note that the SSP link is only available to users who have been granted access to this feature.

From OneSource

There are two ways to navigate to the SSP from the main OneSource page. Users can access the SSP through the link on the left side of the page under the Tools section, or by clicking the icon on the upper right side of the page.
From eCare NEXT
In eCare NEXT, a link to the SSP is located on the top right side of the work queue, beneath the user’s name.

The SSP may also be accessed from patient account pages within eCN by clicking on the user tab and clicking the self service portal link.
User Agreement

When accessing the SSP for the first time, users will be prompted to accept the following agreement, which outlines the terms of use for the SSP. Please read this agreement, and click “I agree to the above terms and conditions” if you consent to the outlined responsibilities and procedures. Next, click I agree.
Navigation

After accepting the agreement, the SSP will display. The SSP is divided into 7 tabs: NPI Maintenance, Payer Permissions, Manage Users, Payer Mappings, Client Mappings, Configuration, and Online Reports. Available tabs may vary by user and facility. Please note that the functions available in some tabs may not apply to all users.

An instructions link is available on the upper right side of the page to provide details on how to use each tab of the SSP. A link to the Customer Support Portal is also located in the upper right corner.

For administrators with multiple facilities, the Select Client dropdown allows you to choose which facility you would like to manage.
Each tab also has the ability to export data to Excel. The bottom of each tab allows for users to navigate between pages when applicable, show more rows (entries) per page, and view a legend of any icons used on the page.

Select a tab to begin.
NPI Maintenance

Applicable Platforms: OneSource, eCare NEXT, EDI, IntelliSource

Payers require that the provider’s National Provider Identifier (NPI) number be included as part of the information the payer receives when a request is submitted. This allows the payer to know what organization or physician is requesting eligibility information on their patients. This is also required for other types of requests, such as claim status and pre-certifications and referrals.

NPIs will initially be loaded by our enrollment team when a client is first enrolled in a product that uses the SSP. Over time, however, users may wish to make changes to this information. In the NPI Maintenance tab, users can add, edit, and delete the NPI numbers that are associated with their facility’s account.

An icon will be located next to each NPI entry:

- ✓ indicates that the entry has been CMS verified (meaning that it will work for Medicare transactions).
- ❎ indicates that the entry is unverified with CMS.
- 💡 indicates that the entry is in the process of being verified with CMS. This process generally takes one business day.

A legend of these icons is also available at the bottom of the webpage.

To add an NPI, use the entry fields provided to key in the NPI, facility or provider name, and tax ID. Click the Add NPI button.
A list of all NPIs currently listed in the SSP for your facility may be generated by clicking on Export to Excel. The list will download as a CSV file that can be saved to your computer.

To edit information for an existing NPI, click on the edit link next to the applicable entry.

The facility or provider name and tax ID fields will now be editable. Make any desired changes, then click update. To discard changes, click cancel.

Please note that the NPI number itself cannot be changed through the edit function. In situations where an NPI needs to be changed, please delete the NPI entry and add a new NPI.

To delete an NPI number, click on the delete link next to the applicable entry.

Facilities with a large number of NPIs can navigate through the NPI list by using the options at the bottom of the page. The page dropdown will allow users to navigate to a specific page of the NPI list. Use the arrow buttons to navigate between pages.

Users may also choose to list more than 10 NPIs per page by changing the number of rows per page.
Payer Permissions

Applicable Platforms: OneSource, eCare NEXT, EDI, IntelliSource

The Payer Permissions tab allow users to control which payers their users can access. It also allows administrators to setup and configure payers that have additional enrollment requirements. Please note that for integrated clients, additional setup via the Payer Mappings tab is required.

To navigate to this tab, click payer permissions.

The Payer Permissions tab will display.

Users may quickly search through the payer list by using one or more of the filter options at the top of the screen. For example, to view a list of only new, recently-added payers, choose a payer type of new payers only and click filter.

Users may also download the payers list in CSV format by clicking Export to Excel. If the list has been filtered, only payers meeting the filter criteria will appear in the resulting CSV file.
Payers with a checkmark to the left of their name indicate that this payer is currently enabled for the facility. Payers without a checkmark are not currently enabled – in the example below, users would not be able to access eligibility for Absolute Total Care.

Many payers can be enabled with one click. In the example below, Absolute Total Care eligibility can be enabled by clicking the checkbox next to the payer name. The words “changes saved” will appear briefly in blue text to the right of the payer name.

Users will now be able to run eligibility transactions for Absolute Total Care. For OneSource users, a link to Absolute Total Care will appear in the payers list. No further action is required to activate this payer for OneSource clients. For integrated clients, the payer will also need to be mapped. See Payer Mappings for instructions on this step.

Conversely, client admins may revoke user access to a payer by unchecking a payer’s box.
Additional Requirements

While many payers can be enabled with one click, some payers may have additional requirements that must be fulfilled before the payer will function. The icons on the right side of the page notify users of special payer notes and payers that may require additional steps for setup.

A legend of the icons is available at the bottom of the page. The icons include web login, instructions, client forms, setup info, extra data, special setup, enrollment forms, new payers, and legacy ID.

Web Login

While most transactions are conducted via a direct connection with the payer, there are certain payers that do not offer a direct connection. Though they may not offer a direct connection, some of these payers may offer benefits on their website. These benefits may be leveraged within OS and eCN by setting up a web login, also called a web capture. With a web capture, users will access the payer the same way that they would use any other payer in OS or eCN. The end user will not notice a difference, but behind the scenes, the benefits will come from the payer’s website rather than the direct connection. To configure a web capture, click the monitor icon:
Click **add user**.

Enter the credentials for the payer website and click **add**. Please allow up to one hour for credentials to be validated.

When setting up an account for web capture, please be sure to adhere to the following guidelines:

- Please avoid setting up credentials already in use by an individual at your facility. The site credentials provided should be for use via your Experian Health account only.
- The username (login) and e-mail cannot be in the name of an Experian Health employee, nor may it contain the word “Passport” or “Experian” in the naming convention.

For additional information on setting up web capture payers, please see the **Web Capture FAQ** located in the Experian Health Knowledgebase.
Instructions
Clicking the question mark icon (?) next to a payer will open a window with instructions on how to set up the payer.

Client Forms
Payers that have additional enrollment requirements may have additional paperwork that needs to be completed. Clicking on the client forms icon ( ) will open a new window with special forms or instructions that must be followed to activate the selected payer.

Special Enrollment - BCBS of Arkansas

BCBS of Arkansas
Additional enrollment is required in order to gain access to BCBS of Arkansas eligibility data. Please click the link below for payer enrollment instructions.

BCBS of Arkansas Enrollment Instructions

This payer is ONLY for providers that reside in the State of Arkansas.
Set Up Info
Click the icon to display the setup info page for a particular payer. Setup info pages may vary by payer.

For payers that do not require any additional information, completing the information under the setup info link is optional and allows the SSP user to configure which NPI numbers will be used when submitting transactions to the specified payer. There are two boxes that may be checked: default and display.

Default – Click the “default” checkbox to specify the NPI number that will be used when submitted transactions to the selected payer. You may only select one default NPI per payer. This is primarily used for integrated/eCN clients.

Display – OS clients may choose specific NPIs to display in the dropdown selection box for a payer. Click the checkbox in the “display” column for an NPI to appear in the dropdown box for that payer. You may “display” multiple NPIs for each payer. This allows users to select different NPIs when submitting transactions. If no selection is made, all of the client’s loaded NPI’s will display in the OS dropdown.
Some payers may require that additional information be sent in eligibility and claims status transactions. For example, Alabama Medicaid requires providers to submit their Alabama Medicaid Provider ID, as shown in the screenshot below. Other payers may also require the provider’s taxonomy code, city, state, and/or zip code.

Use the add link on the right side of the screen to add required information, or the edit or delete links to edit or delete the information.

Extra Data
The red exclamation mark icon (⚠️) located next to certain payers indicates that these are payers that require extra data in their transactions requests, such as the Alabama Medicaid example shown in the previous section. The icon is displayed next to these payers to alert users that additional requirements exist, but the icon itself is not a clickable link. The extra data icon is an indicator that the user should check the instructions or setup info links for additional information/requirements.

Special Set Up
The yellow exclamation mark icon (⚠️) located next to certain payers indicates that special set up is required for a given payer. Special set up can include additional steps such as web capture setup or client enrollment forms. The icon is displayed next to these payers to alert users that additional requirements exist, but the icon itself is not a clickable link. The special setup icon is an indicator that the user should check the instructions, web capture, or client forms links for additional information/requirements.

Enrollment Forms
The ⚠️ icon located next to certain payers indicates that additional enrollment forms are required for a given payer. The icon is displayed next to these payers to alert users that additional requirements exist, but the icon itself is not a clickable link. The enrollment
forms icon is an indicator that the user should check the **client forms** icon for a copy of the form(s) required by the payers.

**New Payers**

The star icon (⭐️) located next to certain payers indicates a payer that was recently added to Experian Health’s list of payer offerings. The icon is displayed next to these payers to alert users that a new payer is available, but the icon itself is not a clickable link. To view all new payers, filter the payer list by payer type of “new payers only”. User may also stay informed about new payers by viewing the **Real-Time Payer List**, which is updated on a regular basis as new payer connections become available.

**Legacy ID**

Similar in function to the **extra data** icon, the ⬇️ icon located next to certain payers indicates that a **legacy ID** is required for certain payers. The legacy ID may refer to either the client’s tax ID or the provider ID issued to the provider by the payer. The icon is displayed next to these payers to alert users that additional requirements exist, but the icon itself is not a clickable link. The legacy ID icon is an indicator that the user should click the **setup info** icon to add the required information.
Manage Users

Applicable Platforms: OneSource, eCare NEXT, EDI, InteliSource

The Manage Users tab allows users to control who has access to Experian Health products by adding, disabling, and modifying user accounts.

The manage users tab is divided into four sub-tabs: permissions, departments, mappings, and RQA/PPE. Unless otherwise noted, the functionalities discussed in this section are located under the permissions sub-tab.

All users will be listed in the permissions sub-tab. Next to each name will be the user’s numerical user ID. If a user’s password has expired, a clock icon with a number will appear next to their name. The number indicates how many days the password has been expired.
Adding New Users

When a new employee is hired at your facility, they will need to be added to the SSP if they will be utilizing Experian Health products. During the eCN go-live process, there may be additional users that need to be added to the system if they joined your facility after the initial user list was provided to your eCN Implementation Consultant. Before adding a new user, it is helpful to use the search field to ensure that the user does not already exist in the system for your facility—for example, a user might be listed under their maiden name.

Depending on the products being utilized by your facility, adding a new user can be a multi-step process. To ensure that no steps are missed, refer to the checklist below when adding a new user:

- Add New User (User’s name, username/password, etc.)
- Add User Mappings (Integrated Clients Only)
- Add Permissions (If Applicable)
- Add RQA/PE Nebo ID (If Applicable – RQA/PE Clients Only)
- Add Master/Puppet Accounts (If Applicable – Multi-site facilities only)

To begin, click add new user.
A new window will open. Enter the user’s information in the fields provided and select a department from the dropdown menu. The department selected will determine the user’s group in various product reports (if applicable), as well as allow the user to access queues that have been assigned to that department. Available departments will vary by facility.

Bolded items are required. After filling in the user’s information on the general tab, click on login.
Enter the desired user name and password for the user. These are the credentials that user will use to log in to all Experian Health products that are controlled by the SSP. Upon their first login, the user will be prompted to choose a new password. Both user name and password are case sensitive.

Click add.

If the user name selected is already in use, you will be prompted to make a new selection. Please note that user names are used across all clients and are not unique to your facility. For example, even if no one at your facility already has the user name “jsmith”, you would be unable to add an account with this user name as it is already in use by a user at another facility.
User Mappings

Users of our integrated products will also need to add the user’s mapping(s). Please note that this does not apply to OneSource-only clients. Mappings will allow the messages from your registration system to be routed to the appropriate user’s eCare NEXT account. In most cases, the user’s mapping is equivalent to their username in the HIS or PMS. Some facilities may require additional mappings. To add a mapping, click **add mappings**.

Type the user’s first mapping in the field and click **add mapping**. Repeat as needed to add any additional mappings.

Click **close**.
Permissions

Once you have added a new user, the permissions tab will appear at the top of the user management window. Please note that this tab is not available until you have added the new user by filling in all required fields and clicking add, as outlined in the previous section.

Click on this tab to give the user access to functionalities that are considered non-shared permissions. A non-shared permission is a function that users are not automatically given access to when their accounts are created. For example, when adding a new user, they are automatically given access to run eligibility transactions, but must be given special permission to run Address Verification transactions that leverage Experian Data. This section will provide instruction on how to enable some of the most common permissions.
To view and modify a user’s permissions, click on a product/category name to expand the permissions for that section.

Address Verification
As mentioned above, clients using Experian Address Verification will need to give users permission before they are able to access this feature. Place a checkmark next to the permission and click save. Some facilities may have multiple permissions listed in this category, but generally, the one that says “Experian Address Verification” or “Experian Address Verification – Secure SSN” should be checked.

Please note that clients using United States Postal Service (USPS) Address Verification do not need to complete this step.
eCare NEXT
Permission must be granted in order for users to have access to certain chevrons in eCare NEXT. Most eCare NEXT clients should give all users access to the eCare NEXT Address Verification permission, even if the client (or the user) is not using Address Verification. This permission gives the user access to the demographics tab within eCare NEXT, which is also where any demographics-related alerts will be located for clients using Registration QA (RQA). If a user is missing their demographics tab, enable this permission by placing a checkmark next to it and click **save**. Instruct the user to refresh the page. The user may need to log out and log back in for the changes to take effect.

![Permission Table](image)

**Client Administrator**
If you wish to assign another user to assist you with Self Service Portal function, that user will need access to the permissions located under the Client Administrator tab. Please note that these permissions are reserved for management-level users and should not be assigned to all end users. Place a checkmark next to the permissions and click **save**.

![Permission Table](image)
Additionally, you may give the user access to the Online Reports tab of the SSP by enabling the Passport Online Reports permission. This permission will also create a link to the Online Reports in the User Info section of OneSource, meaning that a user does not necessarily need to have SSP access to view these reports.
WorkCenter/Transaction Ownership

Applicable Platforms: IntelliSource

In addition to the Permissions tab, the WorkCenter tab will also appear at the top of the user management window once a new user has been added. The WorkCenter tab allows administrators to assign the user’s transaction ownership level. Transaction ownership determines the type of transactions that a user will see in their IntelliSource Work Center. The types of transaction ownership include own, department, client, and group. Users with master/puppet accounts at multiple sites may also have a transaction ownership type of multi. A user with a transaction ownership level of “own” would only see their own transactions, whereas a user with a transaction ownership level of “client” would see all transactions in the Work Center.

Please note that while this feature can be utilized in eCN, Experian Health best practice is to use eCN’s sophisticated work queue logic to determine the patients that are displayed in a user’s queues. For more information, please see the Queue Manager User Guide.

Transaction ownership can be added by making a selection through the add permission button.
Transaction ownership may also be added or modified under the **Transaction Ownership** column of the **Manage Users > Permissions** sub-tab.

Users who have not been assigned a transaction ownership level will have their transaction ownership listed as **“configure”** in this column. Please note that this null value (configure) is the same as the having a transaction ownership level of **“self”**. Users are not required to have a transaction ownership level assigned and may be left in the **“configure”** status.

To add a transaction ownership level, click on the user’s transaction ownership value.

The following prompt will display:

Click **ok**. The user’s transaction ownership level will now read **“self”** instead of **“configure”**.

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To change the user’s transaction ownership, click on the “self” value. A new window will open. Select the transaction ownership type that should be applied to the user’s account and click the green plus sign.
RQA/PE

Applicable products: Registration QA (RQA), Patient Estimates (PE)

To configure RQA and PE for a new user, click on the RQA/PPE tab. Type in the user’s name and click **filter**.

Click ☕ under the **Nebo User ID** column. This will randomly generate a Nebo User ID that will be used for processing on the backend. Users will not need to be aware of their Nebo user ID.
**Master/Puppet Accounts**

Healthcare systems with multiple facilities are set up in the Experian Health system to allow users at these facilities to easily access multiple sites within the system when needed via **Fast Client Switching (FCS)**. FCS allows users to access multiple sites while only having to remember one set of login credentials.

FCS works by creating one or more puppet accounts at different sites. Puppet accounts are shell accounts copied from a user’s master account, which is their main account. All users have a master account, but users requiring access to multiple sites will also have one or more puppet accounts.

**Adding a Puppet**

To give a user access to multiple sites, the user will first need a master account – this is the account that the user will be initially tied to when they first log in. If the user is already in the system, you do not need to add them again – their original account is their master. If the user is not in the system, add the user using the **Adding New Users** steps outlined above.

While not required, it is most convenient for the user if their master account is the facility they work at most often. For example, let’s say that Tom works at North St. Hope Hospital, but once a month, he works weekends at South St. Hope Hospital. It is most convenient if North St. Hope Hospital is Tom’s main account, because then he will only have to use the Fast Client Switching function when he works at South St. Hope.

Once the user has a master account, you can create a puppet account. These accounts will give users access to other facilities within your healthcare system while only having to maintain one set of login credentials. Locate the user’s name, and click the **add puppets** link under the **M/P Setup** column.

<table>
<thead>
<tr>
<th>User Name</th>
<th>M/P Setup</th>
<th>Enabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frank</td>
<td>Add Puppets</td>
<td>Yes</td>
</tr>
<tr>
<td>Fred</td>
<td>Add Puppets</td>
<td>Yes</td>
</tr>
<tr>
<td>Fred</td>
<td>Add Puppets</td>
<td>Yes</td>
</tr>
<tr>
<td>Gail</td>
<td>2 puppets</td>
<td>Yes</td>
</tr>
<tr>
<td>Gail</td>
<td>Add Puppets</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Click **choose client**.

The sites that are a part of your trading partner will be listed. Locate the name of the facility that you would like to give the user access to and click **select**.

Next, click **choose department**.
A list of the departments at the chosen facility will be displayed. Select the department to which the user should be assigned.

![Choose Dept](image)

Click **add puppet**.

![Add Puppet](image)

**Managing Puppet Accounts**

If a user already has puppet accounts associated with their account, the number of puppets will be shown in the M/P column. In the image below, Gail has **2 puppets**. Click on **2 puppets** to manage the puppet accounts.

![User Name Table](image)
The user’s puppet accounts will be listed. To remove an account, click the x. To add an additional account, click add and follow the steps outlined in the previous section.

To change which account is the user’s master account, click on configure.
The current master account will be indicated by the word “master” in green text. To change the user’s master account, choose **make master**. Remember, it is most convenient for the user if their master account is the facility that they work at most often.

You may also choose **remove all puppets** if you wish to remove all of a user’s puppet accounts.

When working in the manage users tab, please note that some puppet accounts may appear to have expired passwords, as shown in the screenshot below. This is because the puppet account inherits the master account’s password, so it has no password of its own to reset the expiration clock every 90 days. At first glance, this may give the impression that a user has not logged in for a long time, but this is not necessarily the case. The puppet account’s “password” is considered current as long as the master account’s password is not expired.
Deactivating Users
If a user is no longer employed at your facility or no longer requires access to Experian Health products, disable their account by clicking on “yes” in the enabled column.

A confirmation prompt will display. Click ok.

The word “no” will now appear in the user’s “enabled” column to indicate that the user’s account has been disabled.

Reactivating Users
To re-enable an account that was previously disabled, click “no” in the enabled column next to the user’s name.
The user management window will open. Navigate to the login tab and assign the user a login user name and temporary password, and click **update**.
Modifying Users

To modify a user’s account, click **manage**.

The user’s information will open in a new window. Modify any information as desired, and click **update**. For example, if a user’s name was misspelled, you may correct it here. You may also reset a user’s password by assigning them a new password under the **login** tab.
Departments

When a user is set up in the SSP, they must be assigned a department. SSP departments have various applications across products. For example, in eCN, work queues may be assigned to specific departments. Departments will also determine how a user is categorized in various product reports.

Use the Departments sub-tab to add new departments, view which users are a part of a department, modify a user’s department, or apply permissions to users/departments. Please note that an individual user’s department may also be modified through the manage function described in the section above.

To add a new department, click add new.
Enter the desired name for the new department, and select a template from the dropdown menu. For many clients, the template dropdown may offer two options – one with the word “batch” in the title, and one with the facility’s name. Choose the option without the word “batch”. Click add.

The new department will now be listed among the options when selecting a user’s department.
Payer Mappings

Applicable Platforms: eCare NEXT, IntelliSource, select EDI setups*

*Please note that not all EDI clients will utilize the Payer Mappings tab.

Payer mapping is an important piece of setup for our integrated solutions. Mapping a payer is the process of linking a plan name, code, or mnemonic in your facility’s host system to a payer in our Experian Health clearinghouse. This allows our integrated solutions to know which payer transactions should be routed to.

During the implementation process, your Implementation Consultant will request a list of your plan codes (known as the insurance master) so that Experian Health can load these mappings. If your facility adds any new plan codes to your host system in the future, these will need to be mapped via the Payer Mappings tab.

For example, let’s say that in my facility’s host system, we just added the plan code 12345 for certain Aetna PPO plans. In order for an integrated solution like eCare NEXT to automatically send an eligibility request to Aetna, we need some way to tell the system that 12345 means Aetna – that’s where mapping comes in.

To map a new plan code, select the payer name from the dropdown menu:

Type the plan code into the Client Payer Mapping field and click add mapping.

If that plan code is already mapped to another payer, an error message will display and the payer will not be mapped. The mapping must be deleted from the other payer before it can be mapped to a new payer.
To delete a payer mapping, place a checkmark next to the payer and click **delete checked items**. To edit a payer mapping, click on **edit**.

**Identifying Missed Mappings and Mapping Errors**

A Payer Mapping Errors report is available under the Online Reports tab. This report will display any plan codes that have been sent to Experian Health that have not been mapped. However, this report cannot identify plan codes that have been mapped to the incorrect payer. Incorrectly mapped plans are generally identified based on user feedback. Below are two scenarios users may report that may indicate the presence of a mapping error:

- Users consistently receiving a response of “member not in group/plan identified” for a particular payer.
- Users consistently receiving “patient not found” responses for a particular payer in eCare NEXT, but able to verify in OneSource.

Please note that these are valid messages that users may receive for other reasons and do not necessarily indicate a mapping error.

**Mapping Tips**

One of the great features of our products is the number of payers that users can access, but this does mean that the dropdown list of payers you can map to is rather lengthy. To ensure a smooth mapping experience, please follow the tips below:

- Always map Blue Cross/Blue Shield plans to your home state’s Blue Cross.
- Map all Health Net plans to “Health Net National”.
- Map all commercial and Medicare United Healthcare plans to “UnitedHealthcare”.
- Map all ACA/Medicaid United Healthcare plans to “UnitedHealth Community Plan”.
- Map Tricare Medicare supplements to “Tricare for Life” and regular Tricare to “Tricare”.
- Map PacifiCare to “UnitedHealthcare”.

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Client Mappings

Applicable Platforms: EDI, IntelliSource, eCare NEXT*

*Only when an HL7 is present – not applicable to IPS-only installs

Much like the Payer Mappings tab allows Experian Health to identify the payer in a client’s eligibility request, a **client mapping** is a code that clients may use to identify themselves when sending transactions to Experian Health. However, this tab of the SSP is not widely used among clients.

To add a mapping, enter the mapping in the client mapping field and click **add mapping**.
The **Configuration** tab allows users to control the allowed IP ranges for their organization. Configuration of Passport NOA through this tab is also forthcoming.

### IP Address

IP restrictions are now in place for all of our clients for purposes of enhanced security. Users are only able to access Experian Health products using the IP address ranges listed in the SSP. This tab lists the allowed IP addresses for your facility. If you need to add a new IP address, type the IP range into the provided fields. Type a description of where this IP address is used – for instance, “billing office” or “urgent care”. Click **add** to add this address to the list of allowable IP ranges.

To **edit** an existing IP range, click the pencil icon to the right of the entry.

Make any desired changes to the IP range or the description, then click **. Click ** to discard the changes.
Users may also search the IP ranges that have already been entered for their facility. To search, enter an IP address into the search field and click filter. To export a list of all IP addresses in the SSP for your facility, click export to Excel.

Exceptions
If a user attempts to log in from an address not listed in the allowed tab, their name and IP address will be logged in the exceptions tab.

To add one of the IP addresses to the allowed list, check the box next to the user’s name and click allow IP. To block one of the IP addresses, check the box next to user’s name and click block IP.
Contacts

Use the contacts tab to list any internal contacts at your facility responsible for IP maintenance and configuration (such as an IT resource).
Online Reports

Applicable Platforms: OneSource, eCare NEXT, EDI, IntelliSource*

*Some reports may not be applicable to all products

The Online Reports tab allows users to access select reports. Please note that these reports are separate from the Power Reporting Portal. Separate documentation is available for Power Reporting Portal reports.

All reports may be printed and exported to Excel. The date range of most reports is limited to 90 days.

Below is a summary of all reports available via the Online Reports tab:

- **Active User Profile Summary** – A list of all active (enabled) user accounts. The report can be run for the entire facility, or narrowed to run by a single department or user. The report displays the numerical user ID, telephone number, department, date the password was last set, if the user has special access (admin), user mnemonic, login name, integrated mapping, master/puppet account status, e-mail address, and date of last login.

- **Audit Actions** – This report provides an audit of different administrative actions. This report provides a breakdown of data such as who added or modified a payer mapping, NPI number, IP range, and more.

- **eCare NEXT NOA Account Reports** – This report includes details of NOA transactions, including patient name, account number, date/time stamp, client ID, payer, reference number, user initiated (true/false value), and response description.

- **FileBatch Transaction Summary** – Displays statistics regarding pre-reg and self-pay file batches.
• **Login Activity** – Searchable report showing most recent user login activity, including the user’s name, date and time of their most recent logins, and the IP address from which they logged in.

• **Master/Puppet User Location** – For organizations using the master/puppet functionality for fast-client switching, this report shows the name and user ID of the master account, the puppet account user ID, the puppet account’s client (facility), and the puppet account’s department.


• **Medicare Reports** – Generates 15 different Medicare reports that provide the patient name, HIC number, and user’s department for patients whose Medicare eligibility responses contain certain criteria. Reports are available for patients with Medicare Part A Only, Medicare Part B Only, Less Than 20 Medicare Days Remaining, Medicare Advantage Plans, Medicare Secondary Payer (MSP), Hospice Episodes, End Stage Renal Disease (ESRD), Date of Death, Corrected HIC Number, Invalid Name, Invalid Date of Birth, Inactive Due to Special Circumstances, Therapy Cap Over $1500, Therapy Cap No Minimum, Home Health Medicare, and 20 or Less Medicare Psych Days.

• **Non-Shared User Permissions** – Displays which non-shared permissions are enabled for users.

• **Payer Mapping Errors** – For our integrated products that utilize payer mappings, this report is useful for identifying mnemonics or plan codes that have not been mapped. This report shows any plan codes sent from your host system that have not been mapped. It is normal for some mapping errors to be present on this report – for example, your facility may use a worker’s comp mnemonic that would not be mapped to a payer. However, if you identify any plan codes on this report that should be mapped, please map them under the Payer Mappings tab in the SSP.

• **Payer Mapping Summary** – Displays a summary of mnemonics from the payer mapping tab, include the client’s mnemonic (plan code), Experian Health’s payer mnemonic, and the name of the payer.
• **Transaction Volume by Data Source or Payer** – Displays number of transactions by data source or payer for a given date range. You may click on a payer’s name to see a breakdown of how many transactions for that payer were run by each user.

• **Transaction Volume by Department** – Displays number of transactions by department for a selected date range. Totals for each department will be displayed, as well as a breakdown of transactions by user.

• **Transaction Volume by User** – Displays number of transactions by user for a selected date range. Overall user totals will be displayed, as well as a breakdown of user volume for each payer.

• **User Mapping Errors** – Displays a list of user mnemonics that have not been set up in the Experian Health system by date/time. User mapping errors occur when Experian receives a message that was triggered by a user who has not been mapped using the “add mappings” button in the manage users tab. After running this report, identify which users the unmapped mnemonics belong to, and add or edit their mappings in the manage users tab.

• **User NEXT Bar Info** – Displays NEXT Bar login info for all users at a facility, including date of last login and NEXT Bar version and type (e.g. MSI, ClickOnce).

• **User Permissions by Data Source or Payer** – Displays a list of users who have access to a selected data source or payer. For example, one could run this report to obtain a list of users who have access to address verification.

• **User Permissions by User Name** – Displays all data sources and payers to which a selected user has access.

### 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