

# Healthcare Solutions Portal User Guide

Version 8.0  
January 30, 2024



**Copyright and Trademarks Statement.** © 2022 FinThrive, Inc., a Delaware corporation, with a business address at 200 North Point Center East, Suite 400, Alpharetta, GA 30022, and its affiliates and subsidiaries (collectively, “FinThrive”). All rights reserved. The FinThrive name, associated trademarks, product names and logos are owned by FinThrive or related entities and may be registered with the United States Patent and Trademark Office.

**Confidentiality and Use Statement.** Any information and related materials provided are owned by FinThrive (collectively, the “Content”). No part of the Content may be reproduced, stored, disclosed, or transmitted in any form, or by any means, electronic, mechanical, photocopying, recording, scanning, or otherwise, without the express written permission of FinThrive. The Content may contain copyrighted, proprietary information, comprising of trade secrets and know-how owned or developed by FinThrive. All users must maintain the confidentiality of all Content at all times.

**Information Statement.** From time to time, the Content may refer to FinThrive but may include references to customer statements, data, or statistics that were generated from the business operations of one of FinThrive’s subsidiaries prior to the formation of FinThrive. FinThrive strives to provide accurate information in the Content, but assumes no responsibility or liability for any errors or inaccuracies that may appear. FinThrive makes no warranty, express or implied, regarding the accuracy, adequacy, completeness, legality, reliability, or usefulness of any Content provided and specifically disclaims any implied warranties of merchantability or fitness for a particular purpose. All Content is provided on an “as-is” basis.

**Company Statement.** For more information, please visit [finthrive.com](https://finthrive.com).

# Table of Contents

<b>Table of Contents</b> .....	<b>3</b>
<b>HSP Login Page</b> .....	<b>6</b>
Entering the portal.....	6
Having trouble with your login? .....	7
<b>Navigation</b> .....	<b>10</b>
<b>Admin</b> .....	<b>11</b>
Roles and capabilities .....	11
Groups and sub groups.....	12
User management.....	14
Provider management .....	20
Default Service Type Code (STC) preferences .....	23
<b>Eligibility Search</b> .....	<b>25</b>
Start your search .....	25
Troubleshooting your search .....	26
<b>Eligibility Details</b> .....	<b>28</b>
Benefit information, eligibility and coverage .....	28
Eligibility status and service type results .....	29
Unmask sensitive data .....	29
Displaying and printing benefit details .....	30
<b>Eligibility History</b> .....	<b>32</b>
Searching eligibility history .....	32
Unmask date of birth .....	32
Viewing the response summary .....	33
Work status .....	34
Show/hide columns .....	34
Reorder columns .....	34
Export to Excel or CSV.....	35
Saved searches .....	35

Eligibility response status on the History page .....	36
<b>Interpreting Error Responses .....</b>	<b>38</b>
Error messages .....	38
<b>Resolving response discrepancies .....</b>	<b>40</b>
<b>Claim Status Search .....</b>	<b>41</b>
Start your search .....	41
Troubleshooting your search .....	43
Unmask date of birth .....	44
<b>Claim Status Details .....</b>	<b>45</b>
Claim status information .....	45
Unmask sensitive data .....	46
Displaying and printing status details .....	47
<b>Claim Status History .....</b>	<b>48</b>
Searching claim status history .....	48
Claim status response summary .....	48
Viewing the response details .....	49
Work status .....	49
Show/hide columns .....	50
Reorder columns .....	50
Export to Excel or CSV .....	50
Saved searches .....	51
Claim status responses on the History page .....	51
<b>Batch .....</b>	<b>53</b>
Eligibility batch expiration .....	54
Eligibility batch upload .....	55
<b>Payer Status and Payer Down Times .....</b>	<b>56</b>
Payer status .....	56
Payer down times .....	56
<b>My Profile .....</b>	<b>57</b>
Password management .....	57

Security questions .....58

Preferences.....59

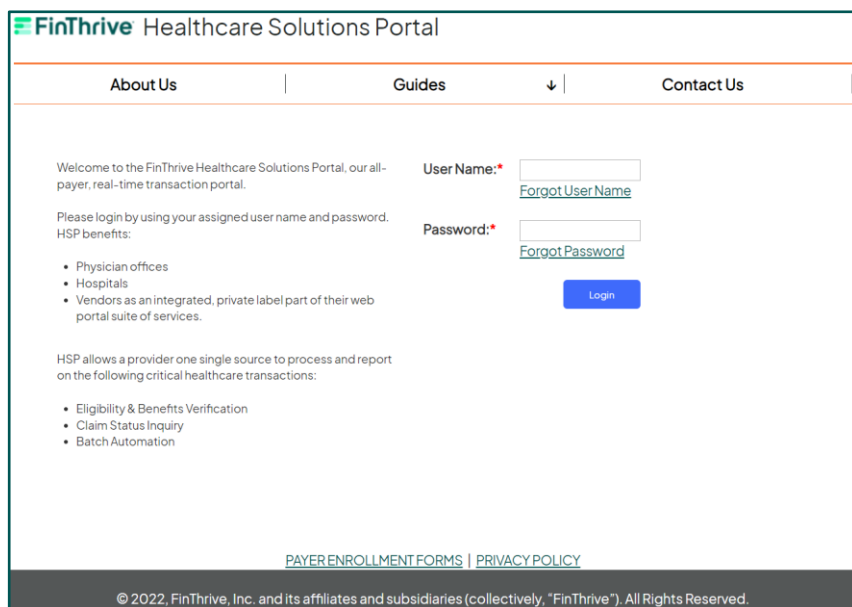
**HSP Log Off .....63**

Exit the portal.....63

# HSP Login Page

## Entering the portal

Open a browser and enter <https://www.insuranceverifier.finthrive.com> in the address bar. You should reach the login screen where you can enter your username and password.



The screenshot shows the login page for the FinThrive Healthcare Solutions Portal. At the top, there is a navigation bar with links for "About Us", "Guides", and "Contact Us". Below the navigation bar, the page is divided into two columns. The left column contains a welcome message and a list of HSP benefits: Physician offices, Hospitals, and Vendors as an integrated, private label part of their web portal suite of services. The right column contains the login form with fields for "User Name" and "Password", each with a "Forgot" link. A "Login" button is positioned below the password field. At the bottom of the page, there are links for "PAYER ENROLLMENT FORMS" and "PRIVACY POLICY", and a copyright notice for 2022.

If you have trouble reaching the website or the Member Login screen shown below, try the following:

- Verify that your address bar reads: <https://www.insuranceverifier.finthrive.com>
- Try to access another website to determine if you are experiencing problems with your Internet service provider. If you are unable to reach other websites, please contact your IT department for assistance.
- For best results, use the latest version of Google Chrome, Edge, or Internet Explorer 11 or above.
- Contact your Client Administrator.
- Open an Insurance Eligibility support case if you continue to have difficulty with reaching the website.

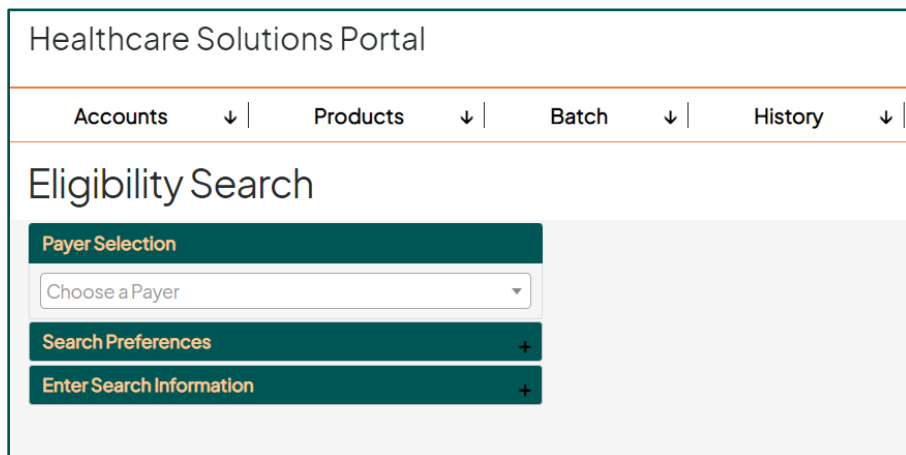
Upon reaching the HSP login screen, enter your username and password in the space provided and click **Login**.

### Important

The password is case sensitive.

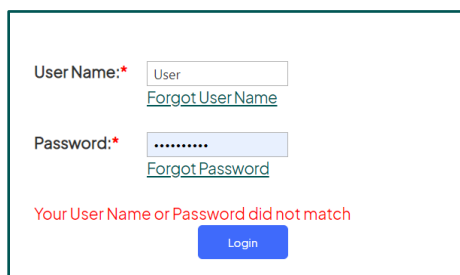
HIPAA guidelines prohibit users from sharing login information. If you are sharing login credentials, please contact your Client Administrator to be added as a user.

A successful login attempt will take you to the default landing page for the product or the page the user has set as their default.



The screenshot shows the 'Healthcare Solutions Portal' header with navigation links for 'Accounts', 'Products', 'Batch', and 'History'. Below the header is the 'Eligibility Search' section, which includes a 'Payer Selection' dropdown menu with the text 'Choose a Payer', and two expandable sections: 'Search Preferences' and 'Enter Search Information', both with plus signs.

An unsuccessful login attempt will result in the following response:



The screenshot shows a login form with the following elements: 'UserName:\*' with a text input field containing 'User' and a 'Forgot UserName' link; 'Password:\*' with a password input field containing '.....' and a 'Forgot Password' link; a red error message: 'Your User Name or Password did not match'; and a blue 'Login' button.

## Having trouble with your login?

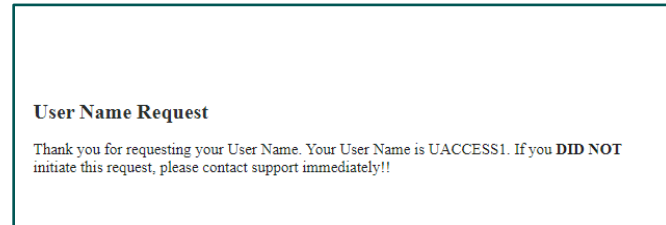
- Double check to make sure you are entering the username and password correctly.
- Make sure that the **Caps Lock** is OFF and **Num Lock** is ON.
- Verify that your address bar reads <https://www.insuranceverifier.finthrive.com>
- Passwords are case sensitive and must follow the password rules:
  - Must be at least nine characters.
  - Must contain at least three of the following:
    - Lower case letter

- Upper case letter
  - Number
  - Acceptable special characters: ~!@#\$\$%^&\*()+-
- Must not be one of your last five passwords.



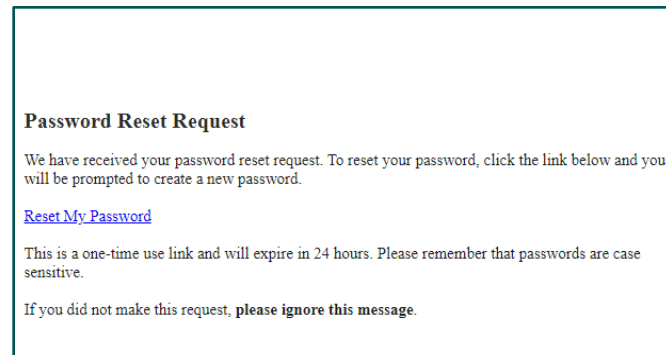
## Forgot Username

The **Forgot Username** link will prompt you to enter your email address. The system will match your email address and email your username.



## Forgot Password

The **Forgot Password** link will prompt you to enter your username and email address. Once validated, you will be asked to answer one of your security questions. If the answer matches the system, the system will email you a link to reset your password. This link is valid for 24 hours.



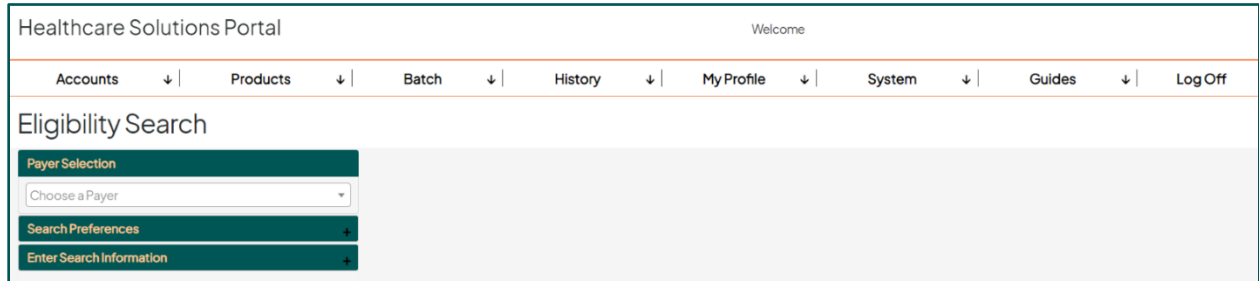
### Important

It is recommended you **do not save** your password to your browser. This practice is not secure. In addition, the password will need to be reset every 90 days and a saved password can interfere with the selection and entry of the new password.

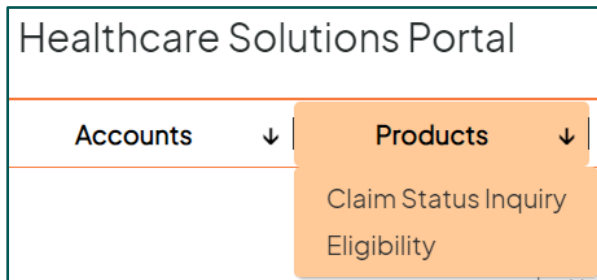
For security purposes, we cannot verify passwords.

# Navigation

Upon successful login, you will be directed to the default landing page for the product or the page the user has set as their default. You can access other sections of the site (Batch, History, My Profile, System, Guides, Log Off) by clicking on the navigation bar menu.

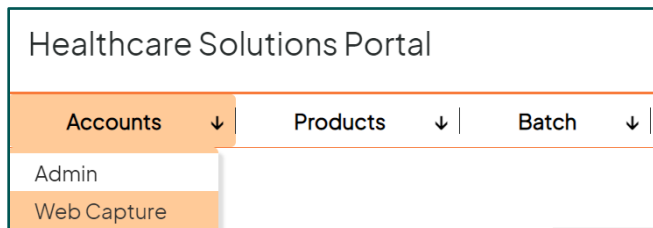


You can also navigate to various products by selecting **Products** on the navigation bar at the top of the page. A drop-down menu will appear listing the product offerings associated with your access. Highlight and click on the desired product to access your selection.



# Admin

The Admin area allows you to manage your users, groups and subgroups. User management includes the ability to reset passwords, generate temporary passwords, update account information and group assignments. Navigate to **Accounts > Admin** to access the Admin area. This section of HSP is only available to users with the appropriate permissions.



## Roles and capabilities

Allowable Functions	Client Administrator	Group Administrator	Subgroup Administrator
Group Level: Edit Phone, Fax, Address 1 and 2, City, State, Zip, Group Level NPI, Federal Tax ID, Contact First Name, Contact Last Name, Email, Phone, Ext, Fax	X	X	
Selecting Products	X	X	X
Add New Group	X		
Deactivate Group	X	X	
Modify Group Details	X	X	
Add a Subgroup	X	X	
Deactivate a Subgroup	X	X	
Modify Subgroup Details	X	X	
Add New User	X	X	X
Inactivate a User	X	X	X
Modify a User	X	X	X

Allowable Functions	Client Administrator	Group Administrator	Subgroup Administrator
Add/Remove Providers	X	X	X
Add/Remove Payers	X	X	X
Add/Remove Payer Requirements	X	X	X
Default Service Type Code (STC) Preferences	X	X	X
Batch Expiration/Upload	X	X	X

## Groups and subgroups

The Groups and Subgroups tab can be used to manage groups.

### Adding a group

Client Administrators can add a new group. Clicking the **Add Group** button will initiate a pop up to enter the Group information. All the fields marked with a red asterisk (\*) must be completed to **Save**. Within the grid, you can click on any row to see the corresponding users, providers and payers associated with the group.

## Adding a subgroup

Clicking the **Add Subgroup** button will initiate a pop up to enter the Group information. All the fields marked with a red asterisk (\*) must be completed to **Save**.

The screenshot shows the 'Admin' section of the Healthcare Solutions Portal. At the top, there are navigation tabs: Accounts, Products, Batch, History, My Profile, System, Guides, and Log Off. Below this is the 'Admin' section with a 'Groups' tab selected. There are search filters for Group Name, Group Id, Client ID, and Facility Code, along with 'Filter', 'Clear', and 'Add Group' buttons. A table lists existing groups:

Group ID	Group Name	# of Providers	Client ID	Facility Code	Active	Sub Groups
1042044	HSP DEMO GROUP 1	7	1234567890	1234567890	True	4
1042049	HSP TEST GROUP 2	2			True	0

Each row in the table has an 'Edit' button and an 'Add Sub-Group' button.

The 'Group' edit pop-up form contains the following fields:

- Client (100033)
- ID (NEW)
- Name \*
- Phone \*
- Fax \*
- Address 1 \*
- Address 2 \*
- City \*
- State \* (SELECT dropdown)
- Postal Code \*
- Client Identifier
- View Batch:  Disabled  Enabled
- Facility Code

Buttons: Cancel, Save

## Editing a group

Click on the Group row you want to edit and click the **Edit** button to initiate the edit pop-up window. Within the edit pop up, you can deactivate the Group and edit the Group's contact information.

This screenshot is identical to the one above, but the 'Edit' button for the 'HSP TEST GROUP 2' row is highlighted with a red box, indicating it is the target for the next step.

## Editing a subgroup

On the Subgroups tab, click the Subgroup row you want to edit and click the **Edit** button to initiate the edit pop-up window. Within the edit pop up, you can deactivate the Subgroup and edit the Subgroup’s contact information.

Healthcare Solutions Portal Welcome

Accounts | Products | Batch | History | My Profile | System | Guides | Log Off

Admin

Groups | **Sub Groups**

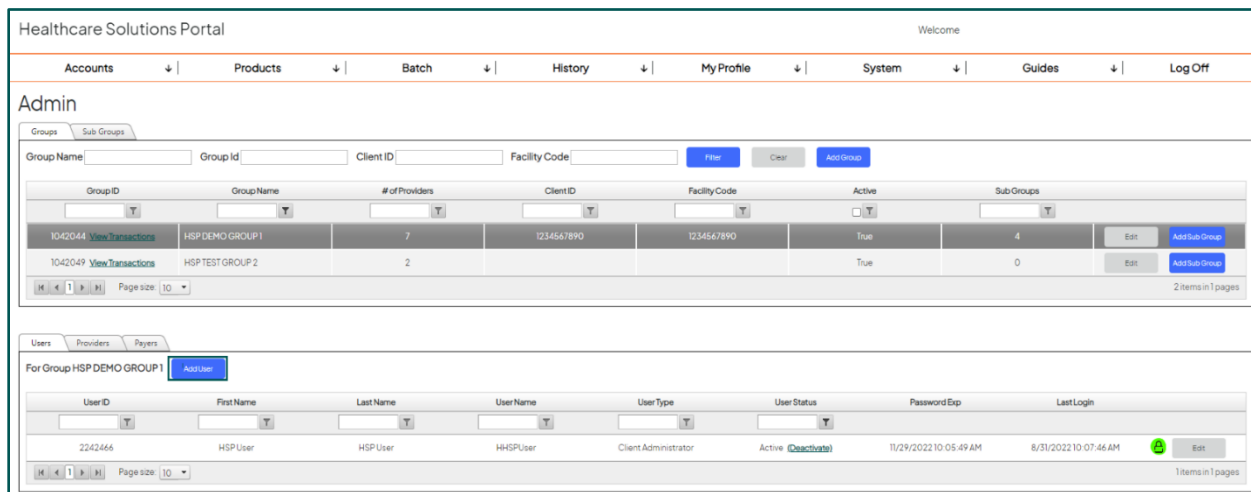
Sub Group ID	Group Name	# of Providers	Active	
1042045 <a href="#">View Transactions</a>	HSP DEMO SUB GROUP 1	1	<input type="checkbox"/> True	<b>Edit</b>
1042047 <a href="#">View Transactions</a>	HSP SUB GROUP 2	0	<input type="checkbox"/> True	Edit
1042048 <a href="#">View Transactions</a>	HSP TEST SUB GROUP 3	0	<input type="checkbox"/> True	Edit

## User management

The Users tab can be used to manage user accounts.

## Adding a user

Client Administrators and Group Administrators can create users. Before adding a new user, confirm you are on the Group or Subgroup that you would like to create the user under. Clicking the **Add User** button will initiate a pop up to enter the User information.



All the fields marked with a red asterisk (\*) must be completed. Click the **Save** button.

The 'User' pop-up form contains the following fields and options:

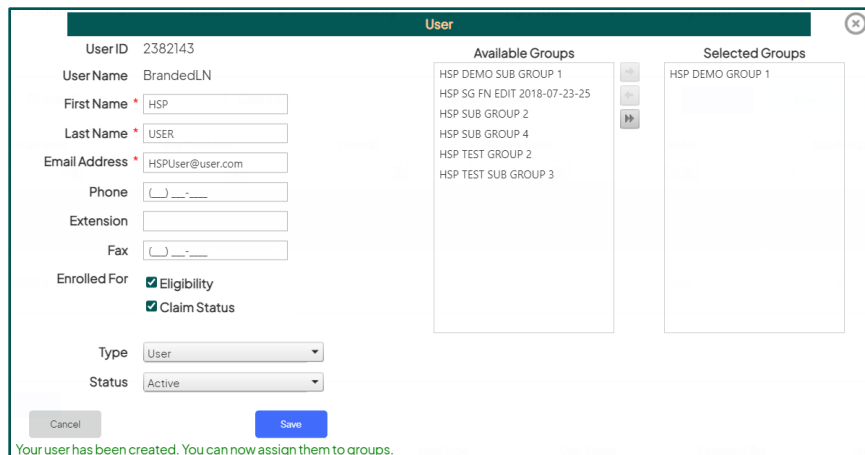
- User ID:** NEW
- User Name:** BrandedLN (Note: User Name must be unique. If you do not specify one then one will be auto-generated for you.)
- First Name:** \* HSP
- Last Name:** \* USER
- Email Address:** \* HSPUser@user.com
- Phone:** ( ) - - -
- Extension:** ( ) - - -
- Fax:** ( ) - - -
- Enrolled For:**
  - Eligibility
  - Claim Status
- Type:** User
- Status:** Active

Buttons: Cancel, Save

### Important

**User ID** must be unique and can be auto generated if not entered. **Email Address** must also be unique, and a check is performed when saving. If an email address is not unique, you will be prompted to change it to one that is.

The pop-up window will remain visible to give you the opportunity to add and/or remove the groups you would like the user to be a part of. The newly created user must be in at least one group. Once your group selection has been made, click the **Save** button to close the window.



**User**

User ID 2382143

User Name BrandedLN

First Name

Last Name

Email Address

Phone

Extension

Fax

Enrolled For  Eligibility  Claim Status

Type

Status

Available Groups

- HSP DEMO SUB GROUP 1
- HSP SG FN EDIT 2018-07-23-25
- HSP SUB GROUP 2
- HSP SUB GROUP 4
- HSP TEST GROUP 2
- HSP TEST SUB GROUP 3

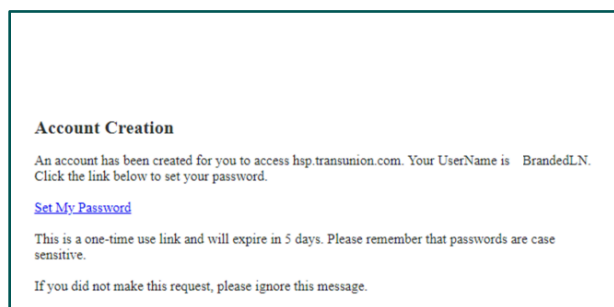
Selected Groups

- HSP DEMO GROUP 1

Cancel Save

Your user has been created. You can now assign them to groups.

A confirmation email will automatically be sent to the user's email address. The user must click on the **Set My Password** link in the email within 5 days and follow the instructions to create a password and set their security questions to complete the account creation process.



**Account Creation**

An account has been created for you to access hsp.transunion.com. Your UserName is BrandedLN. Click the link below to set your password.

[Set My Password](#)

This is a one-time use link and will expire in 5 days. Please remember that passwords are case sensitive.

If you did not make this request, please ignore this message.

Clicking the **Set My Password** link will direct the user to set their password and enter security questions and answers. Users will enter a new password, confirm the password, complete all 3 security questions and click **Save**. Please note the password rules are:

- Must be at least nine characters.
- Must contain at least three of the following:
  - Lowercase letter
  - Uppercase letter
  - Number
  - Acceptable special characters: ~!@#\$\$%^&\*()+-
- Must not be one of your last five passwords.



Healthcare Solutions Portal

My Profile

Your account is missing some information. Please fill out the below details to proceed.

**Password**

Current Password:\*

New Password:\*

Confirm Password:\*

**Password Rules:**

- Must be at least 9 characters long.
- Must contain at least three of the following: Lower Case Letter, Upper Case Letter, Number, or Special Character.
- Acceptable Characters: ~!@#%&'\*~
- Must not be one of your last 5 passwords.

**Security Questions**

Please select three security questions and provide an answer for each. These will be used to verify your account.

Question 1: \* SELECT

Question 2: \* SELECT

Question 3: \* SELECT

Save

Once the information is saved, a pop up will appear with a success message. Click **Continue To Site** and you will be directed to the default landing page.

Healthcare Solutions Portal

Welcome

My Profile

**Password**

Current Password:\*

New Password:\*

Confirm Password:\*

Your current password will expire in 90 days.

**Password Rules:**

- Must be at least 9 characters long.
- Must contain at least three of the following: Lower Case Letter, Upper Case Letter, Number, or Special Character.
- Acceptable Characters: ~!@#%&'\*~
- Must not be one of your last 5 passwords.

**Security Questions**

Please select three security questions and provide an answer for each. These will be used to verify your account.

Question 1: \* In what city were you born? test

Question 2: \* What is your favorite color? test

Question 3: \* What is your favorite team? test

Save

Success! Your changes have been saved

Continue To Site

## Editing a user

Client Administrators and Group Administrators can edit users. Clicking the **Edit** button will initiate a pop up to enter the User information.

Users Providers Payers

For Group HSP DEMO GROUP 1 Add User

User ID	First Name	Last Name	User Name	User Type	User Status	Password Exp	Last Login
2382143	HSP	USER	BrandedLN	User	Active (Deactivate)	6/27/2022 5:44:09 PM	

Edit

Make any necessary changes to the user’s contact information, user type, status information and/or groups the user should have access to and click **Save**.

## Reset or unlock user account

User accounts will be locked out after 5 failed log-in attempts. The padlock on the user row will be red if they are locked out and green if they are not. The only way to unlock an account is to reset the user’s password.

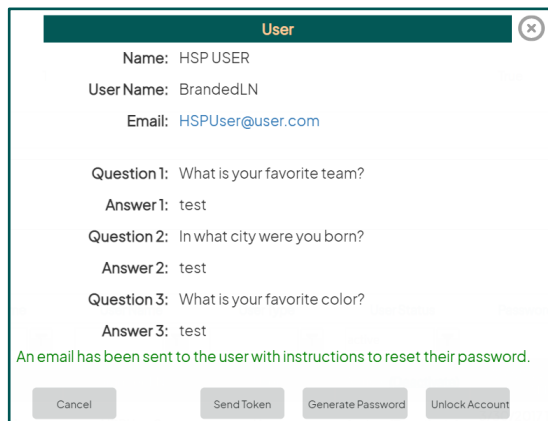
Users Providers Payers

For Group HSP DEMO GROUP 1 [Add User](#)

User ID	First Name	Last Name	User Name	User Type	User Status	Password Exp	Last Login	
2382143	HSP	USER	BrandedLN	User	Active (Deactivate)	9/27/2022 7:43:39 AM	6/29/2022 7:41:50 AM	Edit
2242465	HSP FN	HSP LN	HSPUser8	User	Active (Deactivate)	3/30/2017 12:38:20 AM		Edit

To reset a user’s password, click the **Padlock** icon to initiate the password reset pop up. A user box will appear showing the username, email address, and security questions and answers. There are two ways to reset a password: Send Token or Generate Password. The account may also be unlocked if the user is able to recall their current password.

**Send Token** will send the user a token to the email on the user's profile. The token email will contain a link for the user to click and step them through the reset password process.



The screenshot shows a user profile window titled "User" with a close button (X). The profile information includes:

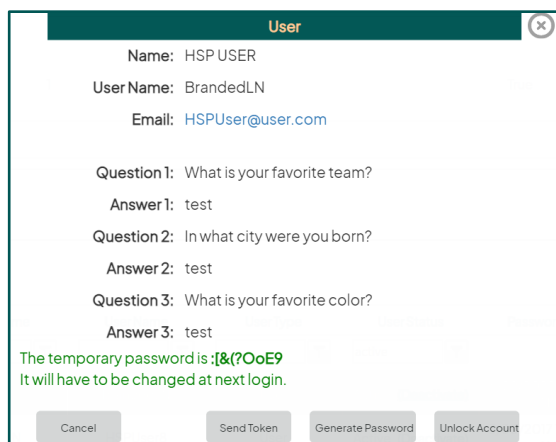
- Name: HSP USER
- User Name: BrandedLN
- Email: HSPUser@user.com

Below the profile information are three security questions and their answers:

- Question 1: What is your favorite team? Answer 1: test
- Question 2: In what city were you born? Answer 2: test
- Question 3: What is your favorite color? Answer 3: test

A green message at the bottom states: "An email has been sent to the user with instructions to reset their password." At the bottom of the window are four buttons: "Cancel", "Send Token" (which is highlighted), "Generate Password", and "Unlock Account".

**Generate Password** will generate a temporary password for the user that you can provide to the user. The user should use this temporary password to login the next time, and the user will be immediately prompted to change their password.



The screenshot shows the same user profile window as above. The profile information and security questions are identical. The green message at the bottom now states: "The temporary password is: !&(?0oE9 It will have to be changed at next login." At the bottom of the window, the "Generate Password" button is highlighted.

**Unlock Account** will unlock the account so that the user is able to login with their current password.

## Troubleshooting user issues

The below settings can be found in the detail screen for a user when you click **Edit**.

- Make sure the user is using the correct Username
- Make sure the user has a valid email address
- Make sure the user status is active
- Make sure the user has a product checked (eligibility or claim status)
- Make sure the user is assigned to correct group(s)

## Provider management

Provider Management can be used to manage providers and payer requirements.

### Adding a provider

Select the Group or Subgroup and click the **Add Provider** button to create a new provider. A pop up will appear and you can enter the First Name, Last Name, Organization, NPI, and Tax ID for the provider. Click **Save**. When you save the new Provider, they will be activated.

The screenshot shows the 'Admin' section of the Healthcare Solutions Portal. The top navigation bar includes 'Accounts', 'Products', 'Batch', 'History', 'My Profile', 'System', 'Guides', and 'Log Off'. The 'Groups' section is active, displaying a table of groups:

Group ID	Group Name	# of Providers	Client ID	Facility Code	Active	Sub Groups
1042044	HSP DEMO GROUP1	7	1234567890	1234567890	True	4
1042049	HSP TEST GROUP 2	2			True	0

Below the table, the 'Providers' section is selected for 'HSP TEST GROUP 2'. It shows a form to add a provider with fields for NPI, Last Name, First Name, Org Name, and buttons for 'Filter', 'Clear', and 'Add Provider'. Below this is another table with columns for Provider ID, First Name, Last Name, Organization, NPI, Tax ID, Batch Provider, and Active. The table is currently empty with the message 'No records to display.'

The 'Provider' pop-up form contains the following fields and controls:

- Provider ID: NEW
- First Name:
- Last Name:
- Organization:
- NPI:
- Tax ID:
- Batch Provider:
- Buttons: Cancel, Save, Deactivate

A red error message is displayed: "First Name and Last Name, or Organization are required."

### Editing a provider

Select the Group or Subgroup and click the **Edit** button for the Provider you would like to edit. A pop up will appear where you can edit information about your provider and change the provider status.

Healthcare Solutions Portal Welcome

Accounts | Products | Batch | History | My Profile | System | Guides | Log Off

### Admin

Groups

Group Name:  Group ID:  Client ID:  Facility Code:  Filter Clear Add Group

Group ID	Group Name	# of Providers	Client ID	Facility Code	Active	Sub Groups
1042044	HSP DEMO GROUP1	7	1234567890	1234567890	True	4
1042049	HSP TEST GROUP2	2			True	0

Page size: 10 2 items in 1 pages

Users **Providers** Payers

For Group HSP TEST GROUP 2

NPI:  Last Name:  First Name:  Org Name:  Filter Clear Add Provider

Provider ID	First Name	Last Name	Organization	NPI	Tax ID	Batch Provider	Active
5000017			HSPTEST	1234567893	123456789	False	True

**Provider**

Provider ID: 5000017

First Name:

Last Name:

First Name and Last Name, or Organization are required.

Organization:

NPI:

Tax ID:

Batch Provider:

Cancel Save Deactivate

## Payer provider requirements

Some payers require additional provider-specific information (Tax ID, Taxonomy code, Medicaid ID, etc.) to be sent in a request to be able to successfully return a response. To set and manage payer requirements, click on the **Providers** tab. Select a provider from the available options and their payer requirements will appear below.

Users **Providers** Payers

For Group HSP TEST GROUP 2

NPI:  Last Name:  First Name:  Org Name:  Filter Clear Add Provider

Provider ID	First Name	Last Name	Organization	NPI	Tax ID	Batch Provider	Active
5000017			HSPTEST	1234567893	123456789	False	True

Page size: 10 1 items in 1 pages

For Provider Test Org

Payer Name	Requirements Available	Requirements Set
Alan Sturm and Associates - Dental	1	0
Altus Dental	1	0

Users can easily see how many requirements need to be set by the colored badges. Green under **Requirements Set** means all of requirements are set, yellow means they are partially set, and red means none of the requirements have been set.

Clicking the **Edit** button will initiate a pop up to enter the required data. Complete all of the requirements and click **Save**.

The image shows a modal window titled "Requirements" with a close button (X). It contains a text input field for "Provider Tax ID (Ref\*TJ)". Below the input field are two buttons: "Cancel" and "Save".

The **Requirements Set** numbers will adjust and the colored badges will change to reflect the new status.

The screenshot shows the "Payers" tab in the system. At the top, there are search filters for NPI, Last Name, First Name, and Org Name, along with "Filter", "Clear", and "Add Provider" buttons. A red banner below the filters reads: "Please enter payer supported requirements below to ensure a more accurate response. This must be done for each provider in your group. Providers listed below with the red background are missing payer requirements." Below this is a table with columns: ProviderID, First Name, Last Name, Organization, NPI, Tax ID, Batch Provider, and Active. The first row shows a provider with ID 5000017, organization HSPTEST, and active status True. Below the table is a "For Provider Test Org" section with a search field for Payer Name. A table below this shows two payers: "Alan Sturm and Associates - Dental" with a green badge under "Requirements Available" and a green badge under "Requirements Set"; and "Altus Dental" with a green badge under "Requirements Available" and a red badge under "Requirements Set".

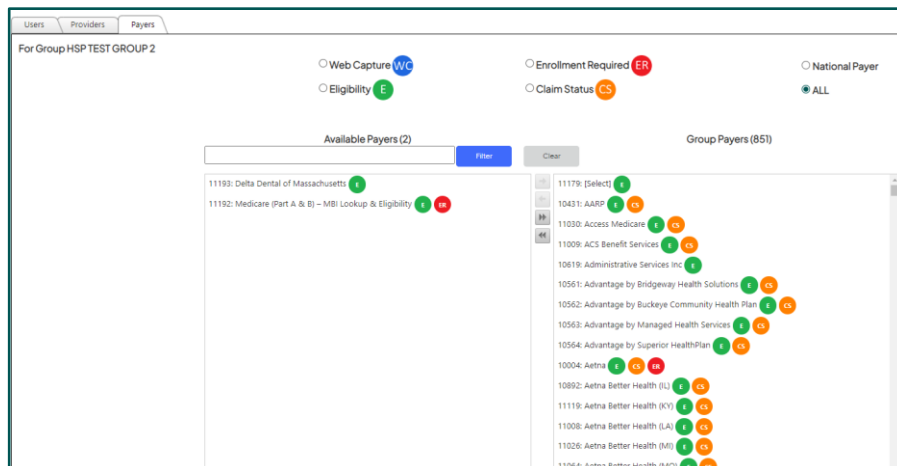
## Payer management

The list of available payers can be found on the **Payers** tab, and payers are managed at the Group/Subgroup level. Confirm you are on the Group/Subgroup you would like manage payers for, then select payer(s) and use the arrows to move desired payers to the Group Payers list on the right.

**Note:**

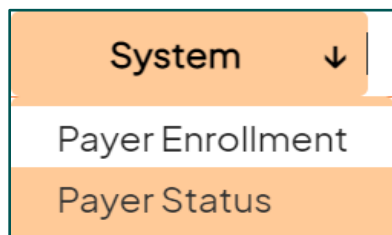
Only the payers listed under Group Payers on this screen will be available under Payer Search for your users to send transactions to.

If a payer added to the Group Payers list has additional requirements, a banner will appear notifying the user that additional requirements are needed. Refer to the [Payer Provider Requirements](#) section for instructions on how to manage payer requirements.



Certain payers require special enrollment to access member benefit details. Enrollment requirements that have not been set can result in a Provider Ineligible error response. Payers that require enrollment will be tagged **WC** or **ER** to make you aware that an extra step is needed before you can submit transactions to the payer.

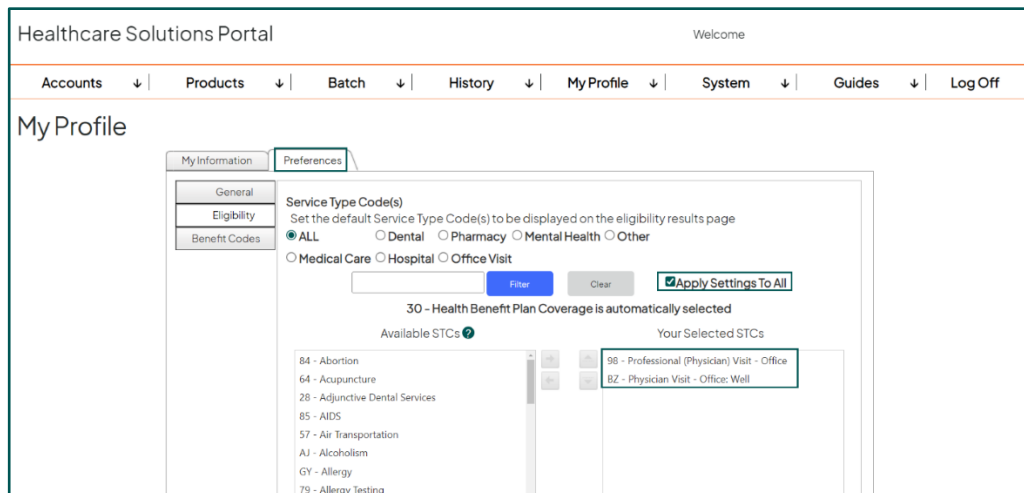
To access the special enrollment instructions for Enrollment Required and Web Capture payers, go to **System** and then select **Payer Enrollment**, and follow the instructions to enroll with the payer if applicable.



## Default Service Type Code (STC) preferences

Client Administrators and Group Administrators have the ability to default Service Type Code (STC) preferences for all subordinate users. Please review the [Prioritize STC Preference](#) section for additional information.

To prioritize STC preferences for users go to **My Profile**, then select **Preferences > Eligibility** subtab, move over desired STCs and check the '**Apply Settings to All**' box.



Healthcare Solutions Portal Welcome

Accounts | Products | Batch | History | My Profile | System | Guides | Log Off

### My Profile

My Information | **Preferences**

General | Eligibility | Benefit Codes

**Service Type Code(s)**  
Set the default Service Type Code(s) to be displayed on the eligibility results page

ALL  Dental  Pharmacy  Mental Health  Other

Medical Care  Hospital  Office Visit

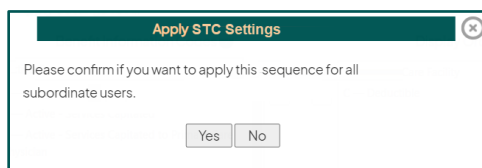
**Apply Settings To All**

30 - Health Benefit Plan Coverage is automatically selected

Available STCs

Available STCs	Your Selected STCs
84 - Abortion	98 - Professional (Physician) Visit - Office
64 - Acupuncture	BZ - Physician Visit - Office: Well
28 - Adjunctive Dental Services	
85 - AIDS	
57 - Air Transportation	
AJ - Alcoholism	
GY - Allergy	
79 - Allergy Testing	

Administrators will be prompted to confirm they want to apply the settings to all subordinate users. Selecting **'Yes'** will officially apply the changes.



**Apply STC Settings**

Please confirm if you want to apply this sequence for all subordinate users.

- Client Administrator updates will set or overwrite existing STCs preferences for all users at the **client** level.
- Group/Sub-Group Administrators updates will set or overwrite existing STCs preferences for all users within the administrators viewing **group(s)**.
- Subordinate users can reconfigure their personal STCs preferences by logging into their account and making updates under 'My Profile'.
- Client or Group Administrators can leave the "Apply Settings to All" box unchecked if they intend to only apply the STCs selections to their own account.

**Tip:**

If you have multiple groups that need to prioritize different STC configurations, create a Group Administrator for each group so you can apply the STC preferences at the group level.



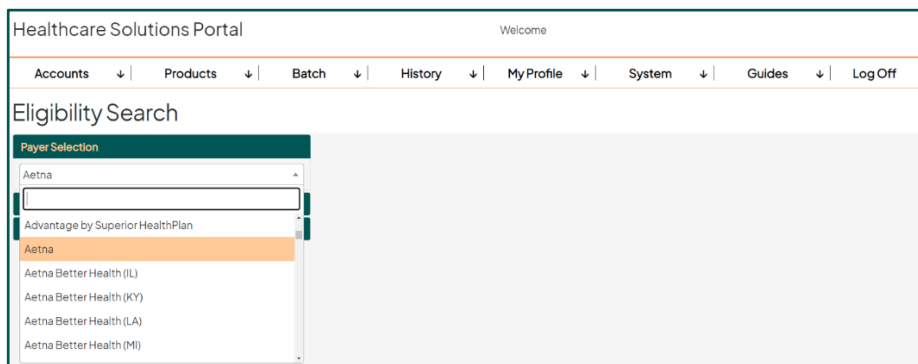
# Eligibility Search

The Eligibility Search area allows you to submit eligibility benefit inquiries. Navigate to **Products > Eligibility**. You must enter specific, payer-required data to perform an eligibility search.

## Start your search

A copy of the patient's insurance card is the best source of this data as it should match the payer database.

1. To locate a payer, begin typing the first few characters of the payer's name in the space provided under **Payer Selection** and a drop-down list will appear. Select the payer by pressing **<Enter>** or clicking on the specific payer in the drop-down list.



Healthcare Solutions Portal

Welcome

Accounts | Products | Batch | History | My Profile | System | Guides | Log Off

### Eligibility Search

**Payer Selection**

Aetna

Advantage by Superior HealthPlan

Aetna

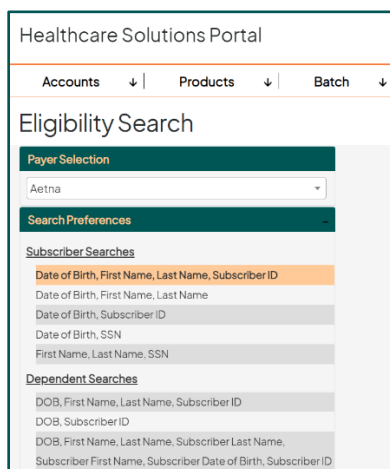
Aetna Better Health (IL)

Aetna Better Health (KY)

Aetna Better Health (LA)

Aetna Better Health (MI)

2. **Choose Search Preference** will expand after you select a payer, and you will see a list of the search options available for that payer. Determine if you are searching for the Subscriber or a Dependent and select a search option based on the patient information you have to enter.



Healthcare Solutions Portal

Accounts | Products | Batch

### Eligibility Search

**Payer Selection**

Aetna

**Search Preferences**

**Subscriber Searches**

Date of Birth, First Name, Last Name, Subscriber ID

Date of Birth, First Name, Last Name

Date of Birth, Subscriber ID

Date of Birth, SSN

First Name, Last Name, SSN

**Dependent Searches**

DOB, First Name, Last Name, Subscriber ID

DOB, Subscriber ID

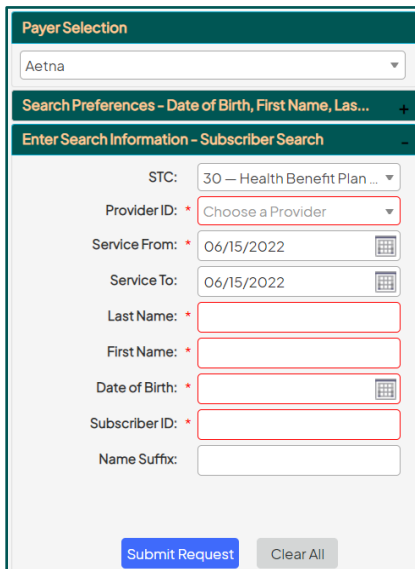
DOB, First Name, Last Name, Subscriber Last Name,

Subscriber First Name, Subscriber Date of Birth, Subscriber ID

### Note:

Some plans only allow subscriber searches; however, if a dependent search option is available, then use the appropriate relationship. These search options are applicable to the relationship status and vary from plan to plan.

3. **Enter Search Information** will expand after you select a search preference and automatically displays the text fields related to the chosen search criteria. All **required fields must be completed** to submit a request and are noted with a red asterisk (\*). If there is an error or omission in one of the required fields, the field with the error is outlined in red. For example:



### Tip:

The current date is pre-populated in the **Service From** and **Service To** fields. You can enter in the desired date range if you want to change the default date setting. Most payers allow searches for up to one year prior to the day of the search.

4. Make any necessary corrections and submit the inquiry by clicking on the **Submit Request** button. Most benefits will return within a few seconds, and once completed the summary will automatically appear on your screen in the **Eligibility Details** view.

## Troubleshooting your search

The success of your search is dependent upon entering the information as accurately as possible. If you are having trouble submitting your search, please verify the following:

- You are using the most current member ID card for reference.
- The payer you selected matches the payer on the member's ID card.

- If you are searching for a spouse/child/other adult, use a dependent level search option if available.
- You are using the Subscriber ID or SSN search, if possible. Searches that involve the member's name can be challenging since they depend on an exact spelling match for a successful result.
- The payer is not having a transmission delay. You can determine this by reviewing the **Payer Status** window located under **System** on the menu bar. See [Payer Status & Payer Downtimes](#) for more details on monitoring payer status.

# Eligibility Details

The **Eligibility Details** screen displays the results of your eligibility benefit inquiry and will be displayed immediately after submitting an Eligibility Search. You can also review eligibility details by navigating to **History > Eligibility History** and selecting the Tracking ID for a previous search. Fields displayed will vary because this is a dynamic screen that only displays data as it is returned in the payer’s response. Fields returned in the payer response that contain different values from those entered in the Eligibility Details screen will be highlighted in **Red**, giving you the ability to review your input to make sure you have the right patient details.

The screenshot shows the 'Eligibility Search' results page. On the left, search criteria include: STC: 30 - Health Benefit Plan, Provider ID: Choose a Provider, Service From: 01/01/2022, Service To: 04/31/2022, Last Name: SMITH, First Name: JOHN, Date of Birth: \*\*/\*\*/\*\*\*\*, Subscriber ID: ABC123, and Group Number. The main area displays 'Benefit Information, Eligibility and Coverage' for subscriber JOHN S SMITH (Member ID: ABC123, Date of Birth: \*\*/\*\*/\*\*\*\*, Group Number: ABC123, Address: 123 RIDGE WAY CHARLOTTE, NC 28211). It also shows dependent information for JOHN S SMITH (Relationship: Spouse, Date of Birth: \*\*/\*\*/\*\*\*\*, Plan Begin: 01/01/2022 - 05/31/2022, Address: 123 RIDGE WAY CHARLOTTE, NC 28211). A table lists 'Eligibility Status' for various services, with 'Active Coverage' for most and 'Dependent' for others. The bottom section shows 'Eligibility Status and Service Type Results' for 'Health Benefit Plan Coverage' and 'Professional (Physician) Visit - Office'.

## Benefit information, eligibility, and coverage

The amount of detail shown on the Benefit Information, Eligibility, and Coverage section is based on the payer response. It is recommended that the benefit detail be reviewed in its entirety, especially if you are unfamiliar with the plan.

While the benefit details found on an eligibility inquiry will vary from payer to payer, common details can be found within each return:

Field	Description
ID	System-assigned tracking number to identify the specific return
Payer Name	Insurance Company Name

Field	Description
Provider NPI	The National Provider Identification number associated with the search
Subscriber and/or Dependent Detail	May include First and Last Name, Member ID, Date of Birth, Subscriber Address, and Employer
Eligibility Status	May return Active Coverage, Inactive, Subscriber/Insured Not Found, etc. and can also include Coverage, Policy, Service, Plan and Network descriptions if applicable
Payer Address	Not available on all plans
Service Type(s) Display	List of services available in Eligibility/Benefit Information
Eligibility/Benefit Information	Available on “Eligible” returns only; benefit descriptions and content will vary among plans.

## Eligibility status and service type results

The list of services in the **Service Types** display window will vary among payers and plans. Each benefit section shown in the benefit detail is given a service type listing in the display window which is populated based upon the data and order returned by the payer.

<i>Service Types</i>
<input checked="" type="checkbox"/> Health Benefit Plan Coverage
<input checked="" type="checkbox"/> Pharmacy
<input checked="" type="checkbox"/> Professional (Physician) Visit - Office
<input checked="" type="checkbox"/> Emergency Services
<input checked="" type="checkbox"/> Chiropractic
<input checked="" type="checkbox"/> Hospital - Outpatient
<input checked="" type="checkbox"/> Urgent Care
<input checked="" type="checkbox"/> Hospital - Inpatient
<input checked="" type="checkbox"/> Medical Care
<input checked="" type="checkbox"/> Hospital
<input checked="" type="checkbox"/> Mental Health
<input checked="" type="checkbox"/> Vision (Optometry)
<input checked="" type="checkbox"/> Dental Care

## Unmask sensitive data

Click on the individual SSN and Date of Birth (DOB) fields in the demographic section of the response details or the search criteria section to view the data. Clicking **Unmask All** will unmask all Dates of Birth and SSNs in the current view.

Healthcare Solutions Portal Welcome

Products | Batch | History | My Profile | System | Guides | Log Off

### Eligibility Search

**Payer Selection**

Ohio Medicaid

Search Preferences - Date of Birth, First Name, Las...

Enter Search Information - Subscriber Search

STC: 30 - Health Benefit Plan

Provider ID: Choose a Provider

Service From: 05/08/2022

Service To: 05/08/2022

Date of Birth: \*\*\*\*-\*\*-\*\*\*\*

First Name: JOHN

Last Name: SMITH

Name Suffix:

Submit Request Clear All

**Benefit Information, Eligibility and Coverage**

Close Close As Worked Print Unmask All

Subscriber

Name	JOHN S. SMITH	Member ID	ABC123
Date of Birth	05/06/2022 - 05/08/2022	Gender	Male
Eligibility	05/06/2022 - 05/08/2022	Trace Number	78478597768
Address	123 RIDGEWAY CHARLOTTE, NC 28211	Health Insurance Claim (HIC) Number	ABC123
Social Security Number	*****	Tracking ID	560783826

Service	Status	Patient	Other Payer	Insurance Type	Plan	Network
Health Benefit Plan Coverage	Active Coverage	Subscriber	Medicare Part B	Medicaid	Inpatient Hospital Services Plan	
Health Benefit Plan Coverage	Active Coverage	Subscriber	Medicare Part A	Medicaid	Inpatient Hospital Services Plan	
Health Benefit Plan Coverage	Active Coverage	Subscriber		Medicaid	Inpatient Hospital Services Plan	
Hospital - Inpatient	Active Coverage	Subscriber			Inpatient Hospital Services Plan	Not Applicable

**Eligibility Status and Service Type Results**

Expand All Collapse All

**Service Types**

Health Benefit Plan Coverage

Hospital - Inpatient

**Health Benefit Plan Coverage**

Network Doesn't Apply/Unknown

Individual Benefits

Other or Additional Payer

Insurance Type: Medicare Part A

Description: Medicare Part A

Effective Date: 05/08/2022 - 05/08/2022

Both unmasking options will prompt a confirmation pop up and the sensitive data will be visible after the user selects 'Yes' to confirm they want to unmask the sensitive information.

**Confirm Unmask** ✕

Please confirm that you want to unmask all the sensitive information.

## Displaying and printing benefit details

By default, all of the service types returned by the payer will be checked in the **Service Type** display window and the benefit details section on the right will be expanded for the first service type in the list. To customize your view:

1. **Uncheck/Check** Service Types to show specific benefits on the return. Only the selected Service Types will be outlined in the benefit details section on the right.
2. **Expand All** will expand the coverage information for all the selected Service Types. Use the scroll bar located to the right of the screen to view the entire return.
3. **Collapse All** will collapse the coverage information for all the selected Service Types.

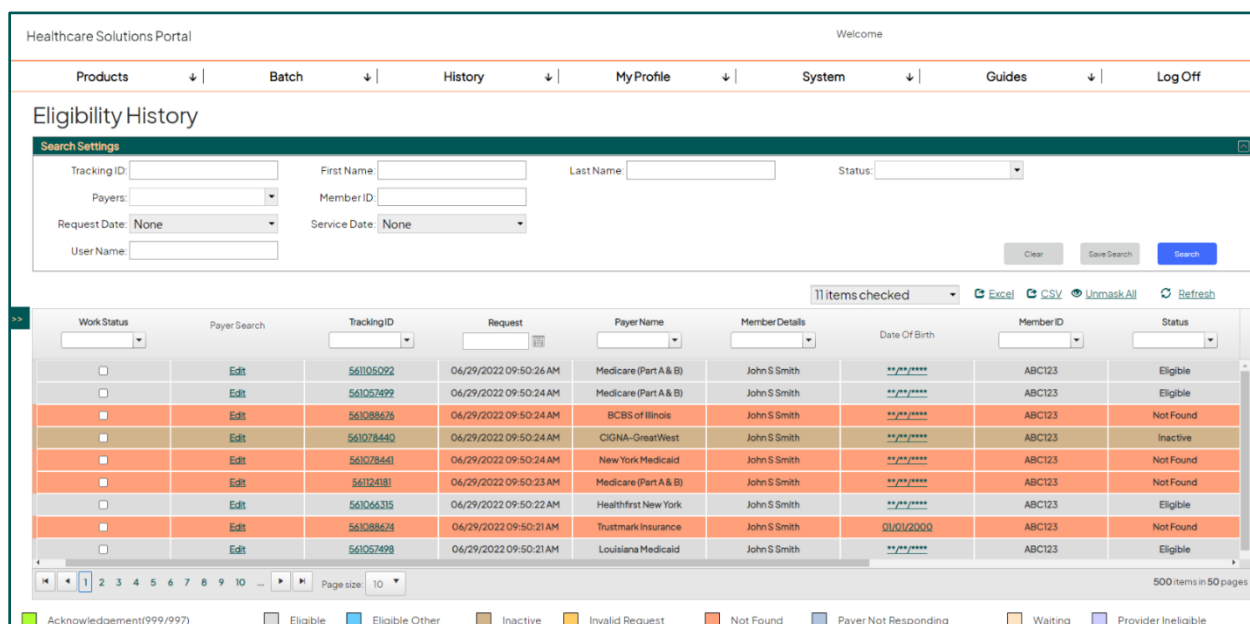
To print or open in PDF, click on the  **Print** button located on the upper right-hand corner of the screen.

**Note:**

This will print a copy of what is currently displayed on your screen. Please expand all benefit sections and unmask any data that you want to print. Alternatively, either mask data or uncheck the service types that you do not want to print.

# Eligibility History

The Eligibility History page acts as a repository of searches performed for the provider group. Previously submitted inquiries can be found on this page for 90 days unless otherwise specified and are listed in chronological order with the most recent at the top. Here you can access previous searches to review or edit and resubmit past inquiries. Up to 500 items can be viewed at a time. To see additional items, use the **Request Date** and **Service Date** fields to narrow your search. Use the **Page size** drop-down menu to select the number of items (up to 50) that can be viewed on a single page. To scroll through the pages, select a page number or use the toggle buttons.



Healthcare Solutions Portal Welcome

Products Batch History MyProfile System Guides Log Off

## Eligibility History

**Search Settings**

Tracking ID:  First Name:  Last Name:  Status:

Payers:  Member ID:

Request Date:  Service Date:

User Name:

Clear Save Search Search

11 items checked Excel CSV Unmask All Refresh

Work Status	Payer Search	Tracking ID	Request	Payer Name	Member Details	Date Of Birth	Member ID	Status
<input type="checkbox"/>	Edit	561105092	06/29/2022 09:50:26 AM	Medicare (Part A & B)	John S Smith	****	ABC123	Eligible
<input type="checkbox"/>	Edit	561057492	06/29/2022 09:50:24 AM	Medicare (Part A & B)	John S Smith	****	ABC123	Eligible
<input type="checkbox"/>	Edit	561088676	06/29/2022 09:50:24 AM	BCBS of Illinois	John S Smith	****	ABC123	Not Found
<input type="checkbox"/>	Edit	561078440	06/29/2022 09:50:24 AM	CIGNA-GreatWest	John S Smith	****	ABC123	Inactive
<input type="checkbox"/>	Edit	561078440	06/29/2022 09:50:24 AM	New York Medicaid	John S Smith	****	ABC123	Not Found
<input type="checkbox"/>	Edit	561124181	06/29/2022 09:50:23 AM	Medicare (Part A & B)	John S Smith	****	ABC123	Not Found
<input type="checkbox"/>	Edit	561066376	06/29/2022 09:50:22 AM	Healthfirst New York	John S Smith	****	ABC123	Eligible
<input type="checkbox"/>	Edit	561088676	06/29/2022 09:50:21 AM	Trustmark Insurance	John S Smith	01/01/2000	ABC123	Not Found
<input type="checkbox"/>	Edit	561057498	06/29/2022 09:50:21 AM	Louisiana Medicaid	John S Smith	****	ABC123	Eligible

Page size: 10 500 items in 50 pages

Acknowledgement(999/997)
  Eligible
  Eligible Other
  Inactive
  Invalid Request
  Not Found
  Payer Not Responding
  Waiting
  Provider Ineligible

## Searching eligibility history

Utilize **Search Settings** at the top of the Eligibility History page to retrieve transactions that contain the criteria you entered in one or more of the fields. Press **<Enter>** on the keyboard to run the search or click the **Search** button. Sort the responses by clicking on the column headers. This can be done before or after a search. Click **Clear** to restore the History page to the original settings.

## Unmask date of birth

To unmask Date of Birth (DOB), click on the individual DOB field in the desired row(s). Clicking **Unmask All** will unmask all Dates of Birth in the current view on the Eligibility History page.



Healthcare Solutions Portal Welcome

Products | Batch | History | My Profile | System | Guides | Log Off

### Eligibility History

**Search Settings**

Tracking ID:  First Name:  Last Name:  Status:

Payers:  Member ID:

Request Date:  Service Date:

User Name:

Clear Save Search Search

11 items checked | Excel CSV Unmask All Refresh

Work Status	Payer Search	Tracking ID	Request	Payer Name	Member Details	Date Of Birth	Member ID	Status
<input type="checkbox"/>	Edit	56105092	06/29/2022 09:50:26 AM	Medicare (Part A & B)	John S Smith	**/**/****	ABC123	Eligible
<input type="checkbox"/>	Edit	561057492	06/29/2022 09:50:24 AM	Medicare (Part A & B)	John S Smith	**/**/****	ABC123	Eligible
<input type="checkbox"/>	Edit	561088676	06/29/2022 09:50:24 AM	BCBS of Illinois	John S Smith	**/**/****	ABC123	Not Found
<input type="checkbox"/>	Edit	561078440	06/29/2022 09:50:24 AM	CIGNA-GreatWest	John S Smith	**/**/****	ABC123	Inactive
<input type="checkbox"/>	Edit	561078441	06/29/2022 09:50:24 AM	New York Medicaid	John S Smith	**/**/****	ABC123	Not Found
<input type="checkbox"/>	Edit	56124181	06/29/2022 09:50:23 AM	Medicare (Part A & B)	John S Smith	**/**/****	ABC123	Not Found
<input type="checkbox"/>	Edit	561066315	06/29/2022 09:50:22 AM	Healthfirst New York	John S Smith	**/**/****	ABC123	Eligible
<input type="checkbox"/>	Edit	561088674	06/29/2022 09:50:21 AM	Trustmark Insurance	John S Smith	01/01/2000	ABC123	Not Found
<input type="checkbox"/>	Edit	561057498	06/29/2022 09:50:21 AM	Louisiana Medicaid	John S Smith	**/**/****	ABC123	Eligible

Page size: 10 | 500 items in 50 pages

Acknowledgement(999/997)
  Eligible
  Eligible Other
  Inactive
  Invalid Request
  Not Found
  Payer Not Responding
  Waiting
  Provider Ineligible

Both unmasking options will prompt a confirmation pop up and Date of Birth will be visible after the user selects 'Yes' to confirm they want to unmask the sensitive information.

**Confirm Unmask** X

Please confirm that you want to unmask all the sensitive information.

## Viewing the response summary

Click on the Tracking ID located on the transaction summary line to view a previously submitted search result. This will take you to the Eligibility Details page.

Clear	Work Status	Payer Search	Tracking ID	Request	Other or Additional Payer	Payer Name	Member Details	Status
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Edit	255800518	05/18/2020 12:36:53 PM	2	Medicare (Part A & B)	John S Smith	Eligible
<input type="checkbox"/>	<input type="checkbox"/>	Edit	255800517	05/18/2020 12:36:44 PM	0	Medicare (Part A & B)	John S Smith	Eligible Other
<input type="checkbox"/>	<input type="checkbox"/>	Edit	255312005	12/12/2019 03:46:11 PM	2	Medicare (Part A & B)	John S Smith	Eligible
<input type="checkbox"/>	<input type="checkbox"/>	Edit	254413002	08/02/2019 03:35:23 PM	2	Medicare (Part A & B)	John S Smith	Eligible
<input type="checkbox"/>	<input type="checkbox"/>	Edit	244710002	03/13/2019 03:32:15 PM	2	Medicare (Part A & B)	John S Smith	Eligible
<input type="checkbox"/>	<input type="checkbox"/>	Edit	244560006	03/11/2019 07:43:15 PM	2	Medicare (Part A & B)	John S Smith	Eligible
<input type="checkbox"/>	<input type="checkbox"/>	Edit	214430006	09/26/2017 10:47:17 AM	2	Medicare (Part A & B)	John S Smith	Eligible
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Edit	214420002	09/26/2017 10:46:54 AM	2	Medicare (Part A & B)	John S Smith	Eligible
<input type="checkbox"/>	<input type="checkbox"/>	Edit	213240504	08/23/2017 11:24 AM	2	Medicare (Part A & B)	John S Smith	Eligible

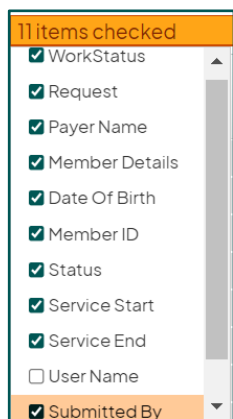
## Work status

Work Status works the same way as a traditional email box and is intended to function as a task list. If you view the result or check the **Work Status** box, it will become unbolded and italicized. To make it bold again, uncheck the row, to indicate it hasn't been viewed or worked. The work status is persistent across all users within the same group and can be leveraged to allow others to know if the response has been viewed or not.

Clear	Work Status	Payer Search	Tracking ID	Request	Other or Additional Payer	Payer Name	Member Details	Status
	<input checked="" type="checkbox"/>	Edit	255800518	05/18/2020 12:36:53 PM	2	Medicare (Part A & B)	John S Smith	Eligible
	<input type="checkbox"/>	Edit	255800517	05/18/2020 12:36:44 PM	0	Medicare (Part A & B)	John S Smith	Eligible Other
	<input type="checkbox"/>	Edit	255312005	12/12/2019 03:46:11 PM	2	Medicare (Part A & B)	John S Smith	Eligible
	<input type="checkbox"/>	Edit	254413002	08/02/2019 03:35:23 PM	2	Medicare (Part A & B)	John S Smith	Eligible
	<input type="checkbox"/>	Edit	244710002	03/13/2019 03:32:15 PM	2	Medicare (Part A & B)	John S Smith	Eligible
	<input type="checkbox"/>	Edit	244560006	03/11/2019 07:43:15 PM	2	Medicare (Part A & B)	John S Smith	Eligible
	<input type="checkbox"/>	Edit	214430006	09/26/2017 10:47:17 AM	2	Medicare (Part A & B)	John S Smith	Eligible
	<input checked="" type="checkbox"/>	Edit	214420002	09/26/2017 10:46:54 AM	2	Medicare (Part A & B)	John S Smith	Eligible
	<input type="checkbox"/>	Edit	213240504	08/23/2017 11:11:24 AM	2	Medicare (Part A & B)	John S Smith	Eligible

## Show/hide columns

Checking a column heading will display that column. Unchecking the column will remove the column from the grid.



## Reorder columns

To reorder your grid layout, grab the field you would like to move and place it where you would like it in the grid. Your grid layout is set until you customize it again.

## Export to Excel or CSV



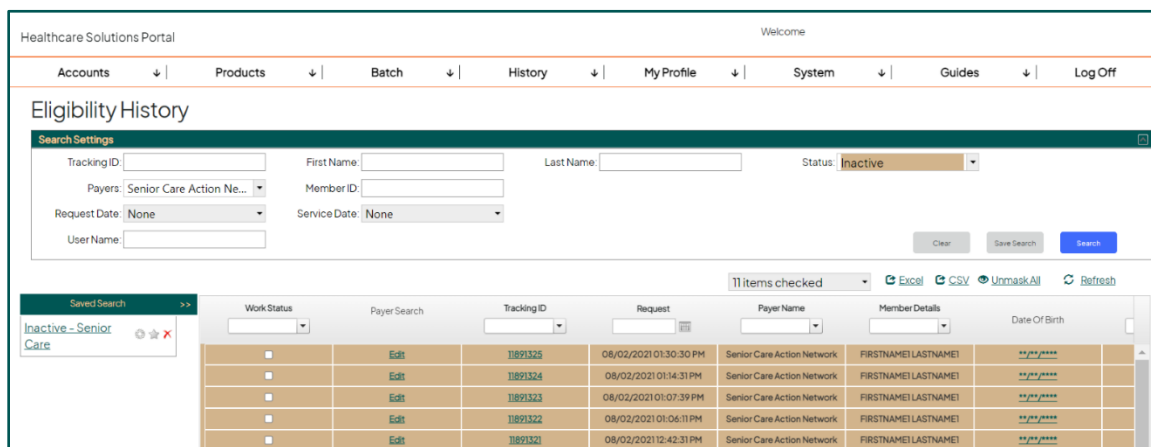
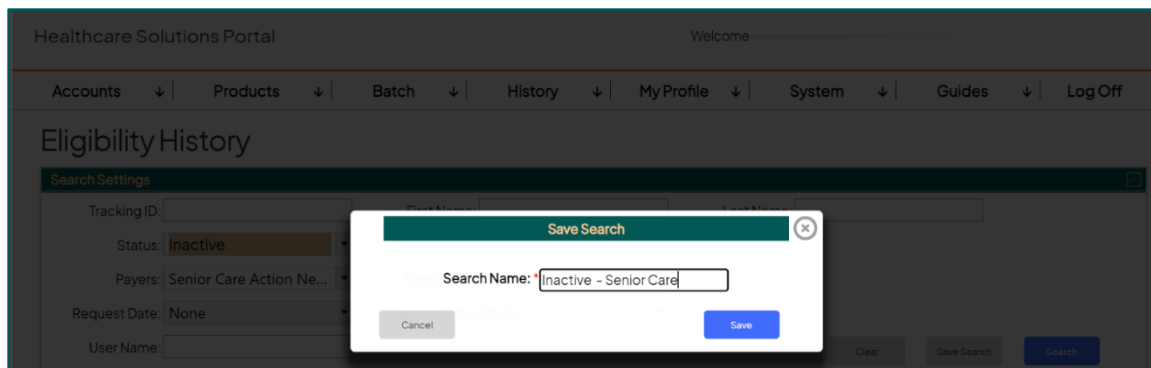
Exports to a Microsoft Excel file which can then be sorted, filtered, and printed as needed.




The option to export the history to comma separated values or CSV format is also available. This format is most often used by the client’s technical support staff to move the data between different programs that support the CSV format.

## Saved searches




To save a search, fill in at least one search criteria at the top and click the **Save Search** button. A title box will appear for you to provide a name for your saved search. Once titled, your search is displayed on the left-hand side panel labeled **Saved Search**.



**Tip:**

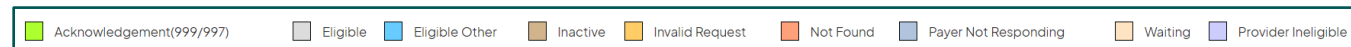
Click  on the left panel to see your saved searches.

**Saved Search** icons:

-  **Gear:** Clicking the gear icon lets you edit the title of your saved search.
-  **Star:** Clicking the star icon lets you set a saved search as a favorite. Every time that the Eligibility History screen is loaded, the criteria of your favorite saved search will populate the grid. Only one favorite can be set.
-  **Red “X”:** Clicking the red “X” lets you delete and remove your saved search from the panel.

## Eligibility response status on the History page

The eligibility responses are color coded on the History page for easy identification. A color legend is provided at the bottom of the History page.



**Acknowledgement (999/997):** Green – Indicates that a transaction was received and likely encountered errors that prevented it from being processed as expected.

**Eligible:** Gray – Indicates a successful search for the member. Review summary for benefit details.

**Eligible Other:** Turquoise – Indicates involvement as a third-party benefit administrator. The name of the insurance company that holds the actual benefit information on the patient should be listed under the Eligibility/Benefit Information section of the return. That company will need to be contacted to verify the benefits for the patient.

**Inactive:** Brown – The member data was found but the policy is no longer active. The patient may still be with the insurance company but under a different policy number, or they may be covered under a different carrier altogether. Contact the patient to determine possible carrier changes.

**Invalid Request:** Gold – Response indicates an unidentified Payer ID, incorrect mapping of that Payer ID or other similar issue.

**Not Found:** Orange – Indicates that the member was not found. The reasons that the patient was not found can vary and the eligibility summary should be reviewed for the specific error. For example, the patient is not a policyholder with this insurance or there might be an error in the data submitted. Depending on the search criteria used, check the ID number, patient name and/or date of birth for accuracy. Use the insurance card to verify data, but be aware that it may be necessary to call the insurance company to confirm what data they have on file for a patient. Make any necessary corrections and resubmit the inquiry.

**Payer Not Responding:** Blue – A problem has occurred with the transmission process while submitting this inquiry and the payer is unable to respond. This status is usually temporary.

**Tip:**

You can determine whether a payer is having transmission issues by reviewing the [Payer Status](#) page.

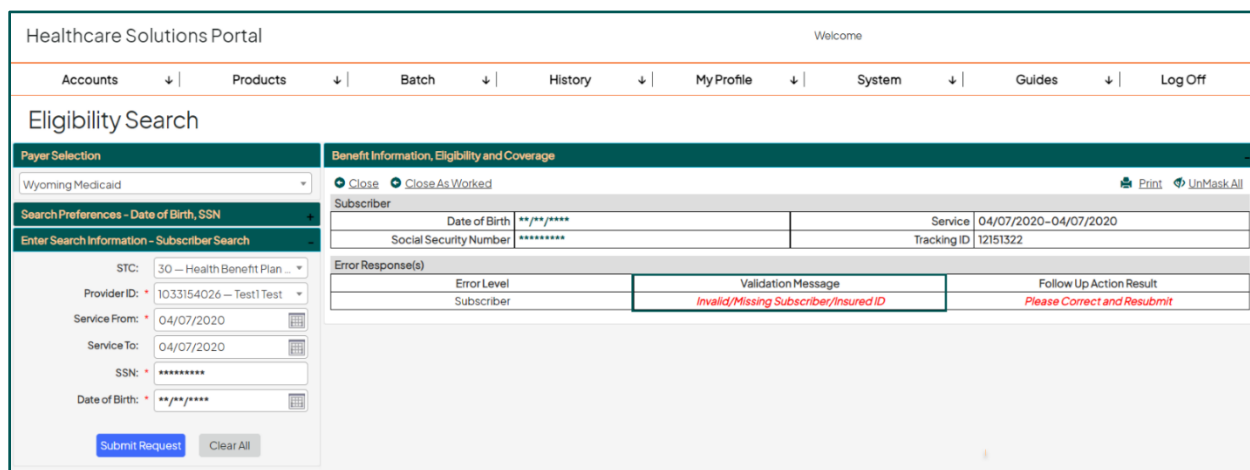
Please review the section on [Interpreting Error Responses](#) for additional information on Patient Not Found and other rejection responses.

**Provider Ineligible:** Purple – In a majority of cases, this response will indicate that the NPI number that is being submitted for your provider is not credentialed correctly or special enrollment was not completed for the payer.

**Waiting:** Light Orange – A problem has occurred with the transmission process while submitting this inquiry.

# Interpreting Error Responses

An inquiry that does not return with an eligible response may require investigation. The error response can be found in the Error Response(s) section of the benefit return. The course of action will depend upon the cause of the rejection.



The screenshot shows the 'Eligibility Search' page. On the left, search criteria are entered: Payer Selection (Wyoming Medicaid), STC (30 - Health Benefit Plan), Provider ID (1033154026 - Test1 Test), Service From (04/07/2020), Service To (04/07/2020), SSN (\*\*\*\*\*), and Date of Birth (\*\*/\*\*/\*\*\*\*). The 'Error Response(s)' table shows the following details:

Error Level	Validation Message	Follow Up Action Result
Subscriber	Invalid/Missing Subscriber/Insured ID	Please Correct and Resubmit

## Error messages

**Subscriber/Insured Not Found** – The patient is not a policyholder with this insurance or there might be an error in the data submitted. Depending on the search criteria used, check the ID number, patient name and/or date of birth for accuracy. Use the insurance card to verify data but be aware that it may be necessary to call the insurance company to confirm what data they have on file for the patient. Make any necessary corrections and resubmit the inquiry.

Validation Message
Subscriber/Insured Not Found

### Tip:

Opt for the subscriber ID or SSN search if possible. Searches that involve the member's name can be challenging since they depend on an exact spelling match for a successful result.

### Additional "Patient Not Found" scenarios

- **DOB does not match** – See "Subscriber/Insured Not Found" above.
- **Invalid/Missing date of birth** – See "Subscriber/Insured Not Found" above.
- **Invalid/Missing name or subscriber ID** – See "Subscriber/Insured Not Found" above.

**Inactive** – The member data was found but the policy is no longer active for the requested date of service. The patient may still be with the insurance company but under a different policy number, or they may be covered under a different carrier altogether. Contact the patient to determine possible carrier changes.

Eligibility Status		
Service	Status	Patient
Health Benefit Plan Coverage	InActive	Subscriber

**Invalid/Missing Provider Identification** – In a majority of cases, this response will indicate that the NPI number that is being submitted for your provider is not credentialed correctly or special enrollment was not completed for the payer.

Validation Message
<i>Invalid/Missing Provider Identification</i>

**Important**

Certain payers require special enrollment to access member benefit details. Enrollment requirements that have not been set can result in a Provider Ineligible error response. To view the list of payers requiring special enrollment, go to **System** and then select **Payer Enrollment**, and follow the instructions to enroll with the payer if applicable.

System ↓
Payer Enrollment
Payer Status

**Unable to Respond** – A problem has occurred with the transmission process while submitting this inquiry and the payer was unable to respond at the time. This status is usually temporary.

Validation Message
<i>Unable to Respond at Current Time</i>

**Note:**

HSP monitors the system for these responses and will automatically resubmit the inquiry every 2 hours for up to 24 hours until a valid response is received. The Eligibility History page should be monitored for a change of status. It is not necessary to rerun the search unless the 24-hour mark has been reached and the status has not changed.

# Resolving response discrepancies

In the event a discrepancy is found between the information returned on the system and the information verified by a direct representative at the insurance company, FinThrive's Partner Support team will open an investigation into the cause of the discrepancy.

To open a ticket with the payer, the following conditions must apply:

- A valid discrepancy must be found – Conflicting or erroneous benefit/plan/payer information and unsuccessful searches performed using valid member/payer information are considered legitimate discrepancies.
- Discrepancy must be confirmed by the insurance company's representative – For example, the system returned a Patient Not Found response but the insurance representative verbally confirms that the search criteria being entered on the system matches the policy information.
- Contact information (name/phone number) for the representative giving the confirmation, a fax copy of the payer's benefit verification or a copy of the payer's proprietary screenshot showing the discrepancy must be provided.
- Investigation requests should be initiated by opening an Insurance Eligibility support case unless otherwise directed.



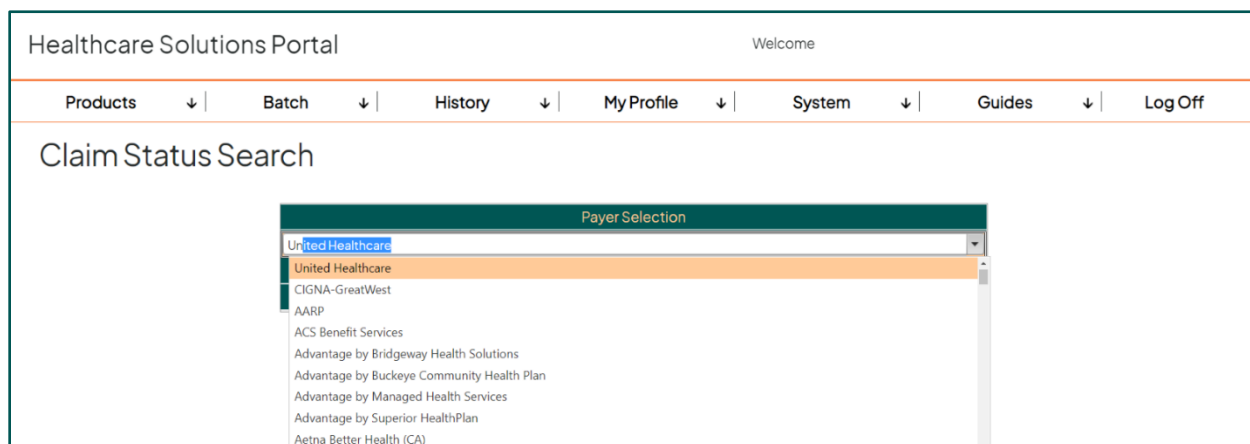
# Claim Status Search

The Claim Status Inquiry area allows you to submit claim status inquiries. Navigate to **Products > Claim Status Inquiry**. You must enter in specific, payer-required data to perform a claim status search.

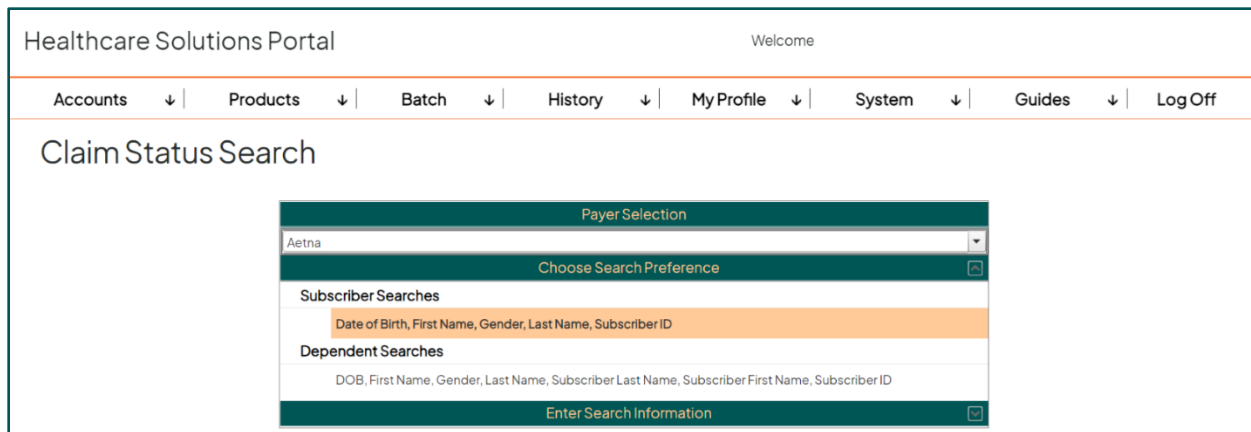
## Start your search

A copy of information submitted on the 837 claim is the best source of this data as it should match the payer database.

1. To locate a payer, begin typing the first few characters of the payer's name in the space provided under **Payer Selection** and a drop-down list will appear. Select the payer by pressing **<Enter>** or clicking on the specific payer in the drop-down list.



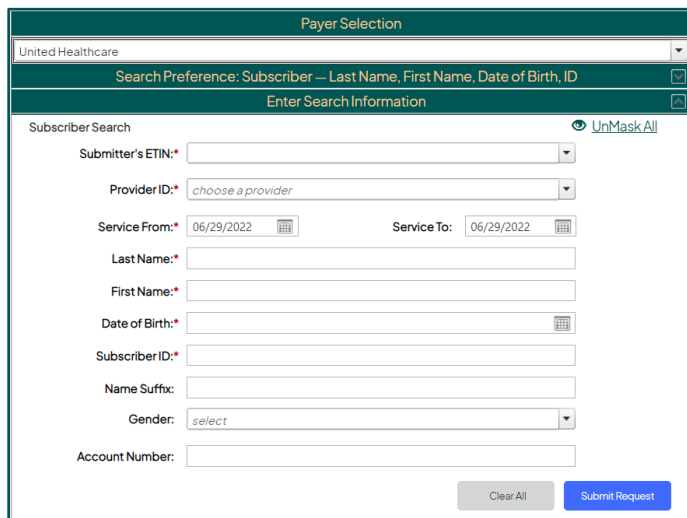
2. **Choose Search Preference** will expand after you select a payer, and you will see a list of the search options available for that payer. Determine if you are searching for the Subscriber or a Dependent and select a search option based on the patient information you have to enter.



**Note:**

Some plans only allow subscriber searches; however, if a dependent search option is available, then use the appropriate relationship. These search options are applicable to the relationship status and vary from plan to plan.

3. **Enter Search Information** will expand after you select a search preference and automatically displays the text fields related to the chosen search criteria. All **required fields must be completed** in order to submit a request and are noted with a red asterisk (\*).



**Note:**

Select the Submitter's ETIN box and type in the Billing Provider ID from the 837 claim. The Provider ID field can be populated by selecting an NPI from the drop down or manually typing in the Rendering NPI from the 837 claim.

Field	Description
Submitter's ETIN	Billing Provider Identifier submitted on the 837 claim
Provider ID	Rendering Provider Identifier (NPI) submitted on the 837 claim
Service From/Service To	The National Provider Identification number associated with the Date
Claim Number	The payer's assigned control number and intends to narrow the search criteria to a specific claim
Last Name	Patients Last Name
First Name	Patients First Name
Date of Birth	Patients Date of Birth
Subscriber ID	Subscriber ID / Member ID / Policy Number
Gender	Patients Gender
Account Number	Patient account number assigned by the service provider

- Submit the inquiry by clicking on the **Submit Request** button. Most responses will return within a few seconds, and once completed the summary will automatically appear on your screen in the **Claim Details** view.

## Troubleshooting your search

The success of your search is dependent upon entering the information as accurately as possible. If you are having trouble submitting your search, please verify the following:

- You are using data that was submitted on the 837 claim.
- The payer you selected matches the payer from the claim.
- If you are searching for a spouse/child/other adult, use a dependent level search option if available.
- The payer is not having a transmission delay. You can determine this by reviewing the **Payer Status** window located under **System** on the menu bar. See [Payer Status & Payer Downtimes](#) for more details on monitoring payer status.

**Tip:**

Some payers only need the Billing NPI and others only need the Rendering NPI. If the mixture of the Billing and Rendering provider identifiers from the 837 claim does not work, try submitting the Billing NPI in both places and the Rendering NPI in both places.

<b>Submitter's ETIN:*</b>	<input type="text" value="1234567893"/> Billing Provider	<b>Submitter's ETIN:*</b>	<input type="text" value="1234567893"/> Billing NPI	<b>Submitter's ETIN:*</b>	<input type="text" value="9876543213"/> Rendering NPI
<b>Provider ID:*</b>	<input type="text" value="9876543213"/> Rendering Provider	<b>Provider ID:*</b>	<input type="text" value="1234567893"/>	<b>Provider ID:*</b>	<input type="text" value="9876543213"/>

Clicking on **Payer Search** will take you back to the Claim Status search screen to edit your search criteria.

## Unmask date of birth

To unmask Date of Birth (DOB), click on the individual DOB field in the search criteria or click **Unmask All**.

The Date of Birth (DOB) will be visible after the user selects 'Yes' to confirm they want to unmask the sensitive information in the confirmation pop up.

# Claim Status Details

The **Claim Details** screen displays the results of your claim status inquiry and will be displayed immediately after submitting a Claim Status Inquiry Search. You can also review claim status details by navigating to **History > Claim Status History** and selecting the Tracking ID for a previous search. Fields displayed will vary because this is a dynamic screen that only displays data as it is returned in the payer's response.

The screenshot shows the 'Claim Status Details' page. At the top, there are navigation tabs: Products, Batch, History, My Profile, System, Guides, and Log Off. Below this is a 'Claim Status Information' section with a search criteria table:

Your Search	Id	560214453	Service Provider Id	1295769321
	Date	6/8/2022	Subscriber's Date of Birth	****
	Payer Name	United Healthcare	Subscriber's First Name	JOHN
	Subscriber Claim Service Date	04/19/2022-04/19/2022	Subscriber ID	ABC123
	Relationship to Subscriber	Self	Subscriber's Last Name	SMITH
	Service Provider Code	SV		

Below this is the 'Health Care Claim Status Notification' section, which is divided into several sub-sections:

- Information Source:** Entity Type: Non-Person Entity, Name: SMITH, Payer Identification: ABC123
- Information Receiver:** Entity Type: Non-Person Entity, Name: JOHN SMITH, Electronic Transmitter Identification Number (ETN): ABC123
- Service Provider:** Entity Type: Non-Person Entity, Name: JOHN SMITH, NPI: ABC123
- Subscriber Details:** Entity Type: Person, Name: JOHN SMITH, Member Identification Number: ABC123

At the bottom, there is a 'Claim Number: ABC123' section with a 'Deselect All' button and a list of claim details:

- Claim # ABC123
- Finalized/Payment

Claim details include:

- Status Category: Finalized/Payment-The claim/line has been paid.
- Status Claim: Processed according to plan provisions. This change to be effective 1/1/2009. Processed according to plan provisions (Plan refers to provisions that exist between the Health Plan and the Consumer or Patient)
- Status Effective Date: 06/03/2022
- Total Claim Amount: \$1088
- Claim Payment Amount: \$80.27
- Adjudication Final Date: 05/16/2022
- Remittance Date: 06/03/2022
- Check Number: M5097775
- Payer's Claim Number: ABC123
- Patient Account Number: ABC123
- Service Date: 04/19/2022
- Trace Number: 7770434357

## Claim status information

The amount of detail shown on the Health Care Claim Status Notification section is based on the payer response. While the details found on a claim status inquiry response will vary from payer to payer, common details can be found within each return:

Field	Description
ID	System-assigned tracking number to identify the specific return
Date	Date the Claim Status Inquiry was submitted
Information Source	Payer that returned the current status information for specified claims
Information Receiver	Entity that received the claim status response from the payer

Field	Description
Service Provider	Entity that delivered the health care service (Billing Provider or Rendering Provider)
Subscriber and/or Dependent Details	First Name, Last Name and Member ID for Patient
Claim Number	Payer's assigned control number, also known as, Internal Control Number (ICN), Document Control Number (DCN) or Claim Control Number (CCN)
Status Category	May return Acknowledgement, Pending, Finalized, Not Found or Error
Status Claim	Additional details on the status of the claim
Status Effective Date	Date the claim was placed in this status by the payer's adjudication process
Total Claim Amount	Total claim charge amount
Claim Payment Amount	Total amount paid
Adjudication Final Date	Date of denial or approval for the claim
Remittance Date	Check issue or EFT funds available date
Remittance Number	Check of EFT Trace Number
Patient Account Number	Patient account number assigned by the service provider
Service Date	Clam service period
Trace Number	Tracking ID assigned to transaction by FinThrive

## Unmask sensitive data

Click on the Date of Birth (DOB) fields in the demographic section of the response details to view the data.

The Date of Birth (DOB) will be visible after the user selects 'Yes' to confirm they want to unmask the sensitive information in the confirmation pop up.

## Displaying and printing status details

Some payers return status for multiple claims in a single response and/or also return status at the service line level. By default, claim level status information for each claim will be expanded and service line level status will be selected and collapsed. To customize your view:

- **Deselect All/Select All** will select all the Service Line level statuses in the return.
- **Uncheck/Check** to show Service Line status information for a specific claim on the return. Only the selected Service Lines will be outlined in the status section on the right.
- **Expand All** will expand the status information for all the selected Service Lines. Use the scroll bar located to the right of the screen to view the entire return.
- **Collapse All** will collapse the Service Line status information. Claim level status information for each claim in the response will always stay expanded.

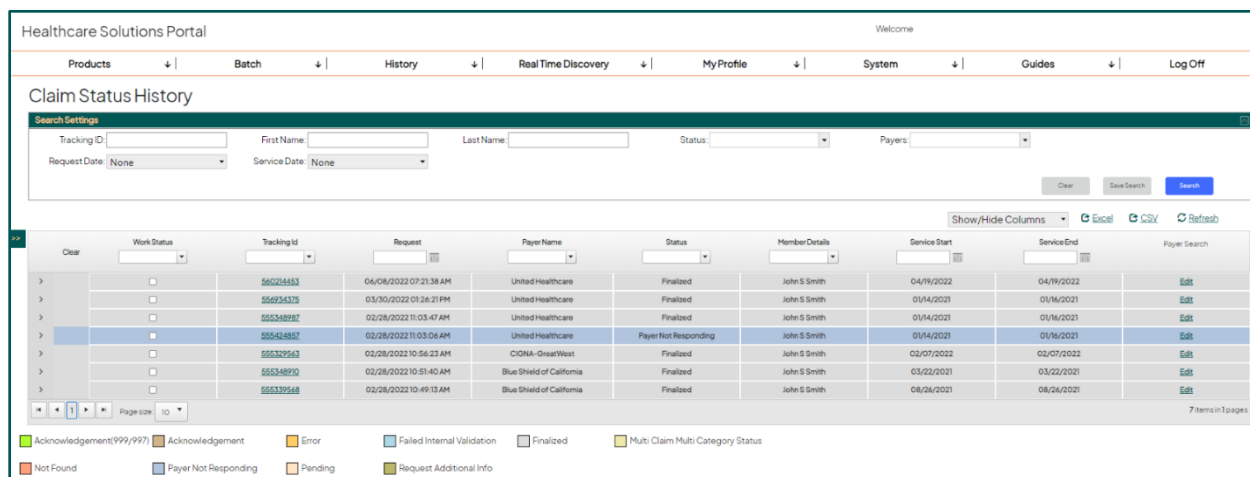
To print, click the **Print** button located on the upper right-hand corner of the screen.

**Note:**

This will print a copy of what is currently displayed on your screen. Please expand all benefit sections and unmask any data that you want to print. Alternatively, either uncheck or collapse service line information that you do not want to print.

# Claim Status History

The Claim History page acts as a repository of searches performed for the provider group. Previously submitted inquiries can be found on this page for 90 days unless otherwise specified and are listed in chronological order with the most recent at the top. Here you can access previous searches to review or edit and resubmit past inquiries. Up to 500 items can be viewed at a time. To see additional items, use the **Request Date** and **Service Date** fields to narrow your search. Use the **Page size** drop-down menu to select the number of items (up to 50) that can be viewed on a single page. To scroll through the pages, select a page number or use the toggle buttons.



Healthcare Solutions Portal

Welcome

Products | Batch | History | Real Time Discovery | My Profile | System | Guides | Log Off

### Claim Status History

**Search Settings**

Tracking ID:  First Name:  Last Name:  Status:  Payers:

Request Date:  Service Date:

Clear Save Search Search

Show/Hide Columns Excel CSV Refresh

Work Status	Tracking ID	Request	Payer Name	Status	Member Details	Service Start	Service End	Payer Search
<input type="checkbox"/>	56024453	04/08/2022 07:21:38 AM	United Healthcare	Finalized	John S Smith	04/19/2022	04/19/2022	Edit
<input type="checkbox"/>	564954375	03/30/2022 01:26:21 PM	United Healthcare	Finalized	John S Smith	01/14/2021	01/16/2021	Edit
<input type="checkbox"/>	555348982	02/28/2022 11:03:47 AM	United Healthcare	Finalized	John S Smith	01/14/2021	01/16/2021	Edit
<input checked="" type="checkbox"/>	555424852	02/28/2022 11:03:04 AM	United Healthcare	Payer Not Responding	John S Smith	01/14/2021	01/16/2021	Edit
<input type="checkbox"/>	555329563	02/28/2022 10:56:23 AM	CIGNA-OrcaWest	Finalized	John S Smith	02/07/2022	02/07/2022	Edit
<input type="checkbox"/>	555348990	02/28/2022 10:51:40 AM	Blue Shield of California	Finalized	John S Smith	03/22/2021	03/22/2021	Edit
<input type="checkbox"/>	555339568	02/28/2022 10:49:13 AM	Blue Shield of California	Finalized	John S Smith	08/26/2021	08/26/2021	Edit

Page size: 10 7 items in 1 pages

■ Acknowledgement(999/997) ■ Acknowledgement ■ Error ■ Failed Internal Validation ■ Finalized ■ Multi Claim Multi Category Status  
■ Not Found ■ Payer Not Responding ■ Pending ■ Request Additional Info

## Searching claim status history

Utilize **Search Settings** at the top of the Claim History page to retrieve transactions that contain the criteria you entered in one or more of the fields. Press **<Enter>** on the keyboard to run the search or click the **Search** button. Sort the responses by clicking on the column headers. This can be done before or after a search. Click **Clear** to restore the History page to the original settings.

## Claim status response summary

Click on the arrow next to the result row to expand and view the response summary.



Healthcare Solutions Portal Welcome

Products | Batch | History | Real Time Discovery | My Profile | System | Guides | Log Off

### Claim Status History

**Search Settings**

Tracking ID:  First Name:  Last Name:  Status:  Payers:

Request Date:  Service Date:

Show/Hide Columns |

Work Status	Trackingid	Request	Payer Name	Status	Member Details	Service Start	Service End	Payer Search
<input type="checkbox"/>	56021653	06/08/2022 07:23:38 AM	United Healthcare	Finalized	John S Smith	04/19/2022	04/19/2022	<input type="button" value="Edit"/>
<input type="checkbox"/>	556924373	03/30/2022 01:26:21 PM	United Healthcare	Finalized	John S Smith	01/14/2021	01/14/2021	<input type="button" value="Edit"/>
<input type="checkbox"/>	555348987	02/28/2022 11:03:47 AM	United Healthcare	Finalized	John S Smith	01/14/2021	01/14/2021	<input type="button" value="Edit"/>

Claim Number	Category Code	Status Code	Entry Code	Claim Amount	Paid Amount	Pay Date	Check Date	Check Number	Service Start Date	Service End Date
218413400400	P1-Finalized/Payment	65		\$33,824.00	\$3,873.45	02/12/2021	02/14/2021	2021021414600287	01/14/2021	01/14/2021
211478215400	P2-Finalized/Denial	685		\$33,824.00	\$0.00	11/30/2021	12/02/2021	20211202A100739	01/14/2021	01/14/2021

Page size: 10 7 items in 1 pages

Acknowledgement(999/997)  Acknowledgement  Error  Failed Internal Validation  Finalized  Multi Claim Multi Category Status  
 Not Found  Payer Not Responding  Pending  Request Additional Info

## Viewing the response details

Click on the Tracking ID located on the transaction summary line to view a previously submitted search result. This will take you to the Claim Details page.

Healthcare Solutions Portal Welcome

Products | Batch | History | Real Time Discovery | My Profile | System | Guides | Log Off

### Claim Status History

**Search Settings**

Tracking ID:  First Name:  Last Name:  Status:  Payers:

Request Date:  Service Date:

Show/Hide Columns |

Work Status	Trackingid	Request	Payer Name	Status	Member Details	Service Start	Service End	Payer Search
<input type="checkbox"/>	56021653	06/08/2022 07:23:38 AM	United Healthcare	Finalized	John S Smith	04/19/2022	04/19/2022	<input type="button" value="Edit"/>
<input type="checkbox"/>	556924373	03/30/2022 01:26:21 PM	United Healthcare	Finalized	John S Smith	01/14/2021	01/14/2021	<input type="button" value="Edit"/>
<input checked="" type="checkbox"/>	555348987	02/28/2022 11:03:47 AM	United Healthcare	Finalized	John S Smith	01/14/2021	01/14/2021	<input type="button" value="Edit"/>

Claim Number	Category Code	Status Code	Entry Code	Claim Amount	Paid Amount	Pay Date	Check Date	Check Number	Service Start Date	Service End Date
218413400400	P1-Finalized/Payment	65		\$33,824.00	\$3,873.45	02/12/2021	02/14/2021	2021021414600287	01/14/2021	01/14/2021
211478215400	P2-Finalized/Denial	685		\$33,824.00	\$0.00	11/30/2021	12/02/2021	20211202A100739	01/14/2021	01/14/2021

Page size: 10 7 items in 1 pages

Acknowledgement(999/997)  Acknowledgement  Error  Failed Internal Validation  Finalized  Multi Claim Multi Category Status  
 Not Found  Payer Not Responding  Pending  Request Additional Info

## Work status

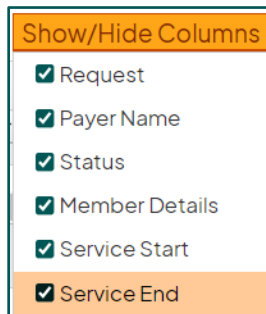
Work Status works the same way as a traditional email box and is intended to function as a task list. If you view the result or check the **Work Status** box, it will become unbold and italicized. To make it bold again, uncheck the row, to indicate it hasn't been viewed or worked. The work status is

persistent across all users within the same group and can be leveraged as a way to allow others to know if the response has been viewed or not.

Work Status	Tracking ID	Request	Payer Name	Status	Member Details	Service Start	Service End	Payer Search
<input type="checkbox"/>	560214453	04/08/2022 07:21:38 AM	United Healthcare	Finalized	John S Smith	04/19/2022	04/19/2022	Edit
<input checked="" type="checkbox"/>	566934325	03/30/2022 01:26:21 PM	United Healthcare	Finalized	John S Smith	01/14/2021	01/14/2021	Edit
<input type="checkbox"/>	553348987	02/28/2022 11:03:47 AM	United Healthcare	Finalized	John S Smith	01/14/2021	01/14/2021	Edit
<input type="checkbox"/>	555424807	02/28/2022 11:03:06 AM	United Healthcare	Payer Not Responding	John S Smith	01/14/2021	01/14/2021	Edit
<input type="checkbox"/>	555329563	02/28/2022 10:56:23 AM	CIGNA - GreatWest	Finalized	John S Smith	02/07/2022	02/07/2022	Edit
<input checked="" type="checkbox"/>	555348970	02/28/2022 10:51:40 AM	Blue Shield of California	Finalized	John S Smith	03/22/2021	03/22/2021	Edit
<input type="checkbox"/>	555339568	02/28/2022 10:49:13 AM	Blue Shield of California	Finalized	John S Smith	04/24/2021	06/24/2021	Edit

## Show/hide columns

Checking a column heading will display that column. Unchecking the column will remove the column from the grid.



## Reorder columns

To reorder your grid layout, grab the field you would like to move and place it where you would like it in the grid. Your grid layout is set until you customize it again.

## Export to Excel or CSV



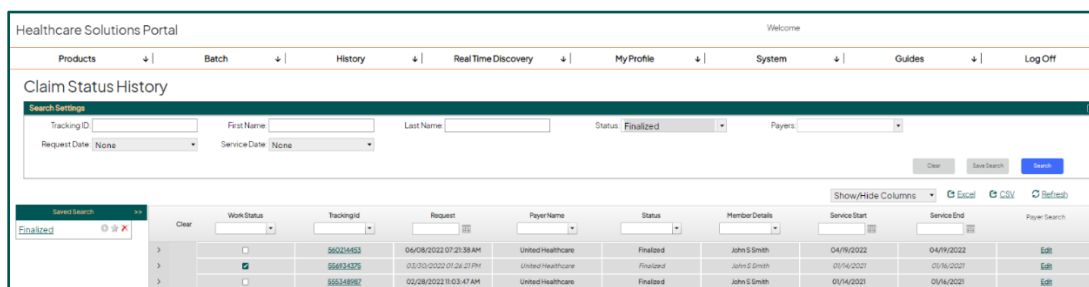
Exports to a Microsoft Excel file which can then be sorted, filtered, and printed as needed.



The option to export the history to comma separated values or CSV format is also available. This format is most often used by the client’s technical support staff to move the data between different programs that support the CSV format.

## Saved searches

To save a search, fill in at least one search criteria at the top and click the **Save Search** button. A title box will appear for you to provide a name for your saved search. Once titled, your search is displayed on the left-hand side panel labeled **Saved Search**.



**Tip:**

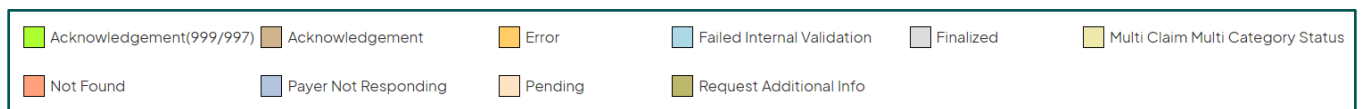
Click on the left to see your saved searches.

**Saved Search** icons:

- Gear:** Clicking the gear icon lets you edit the title of your saved search.
- Star:** Clicking the star icon lets you set a saved search as a favorite. Every time that the Eligibility History screen is loaded, the criteria of your favorite saved search will populate the grid. Only one favorite can be set.
- Red “X”:** Clicking the red “X” lets you delete and remove your saved search from the panel.

## Claim status responses on the History page

The claim status responses are color coded on the History page for easy identification. A color legend is provided at the bottom of the History page.



**Acknowledgement (999/997):** Green – Indicates that a transaction was received and likely encountered errors that prevented it from being processed as expected.

**Acknowledgement:** Brown – The payer acknowledges that the patient and provider information exist in their system. Review the specific acknowledgement codes returned for additional information on the specific status of the claim.

**Error:** Orange – Indicates the payer was not able to find the claim in their system based on the information submitted. Review the specific error codes returned for additional information on why the payer returned an error.

**Failed Internal Validation:** Light Blue – Indicates that a transaction failed to pass a validation applied by FinThrive and the transaction was not sent to the payer.

**Finalized:** Grey – The payer was able to locate the claim in their system and the claim has been fully adjudicated. Review the specific finalized codes returned for additional information on the final determination of the claim and payment or denial details.

**Multi Claim Multi Category Status:** Tan – Indicates that the payer returned a response that contains multiple claims and/or service lines with a mixture of statuses. Review the specific statuses returned for more information on the status of the claim(s) or service lines.

**Not Found:** Salmon – The claim/encounter cannot be found in the adjudication system based on the submitted search criteria. Review the specific reason codes returned for additional information on why the payer could not find the claim in their system.

**Payer Not Responding:** Blue – A problem has occurred with the transmission process while submitting this inquiry and the payer is unable to respond. This status is usually temporary.

**Tip:**

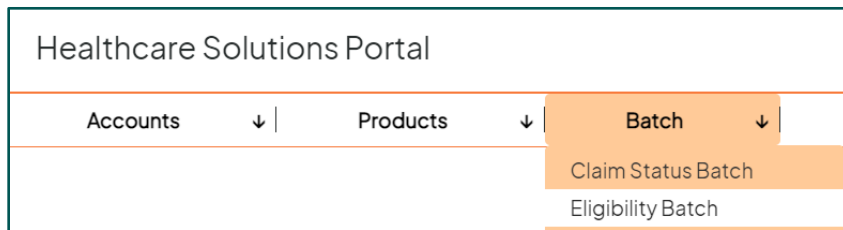
You can determine whether a payer is having transmission issues by reviewing the [Payer Status](#) page.

**Pending:** Peach – The payer was able to locate the claim in their system and the claim is currently in Pending status. Review the specific pending status codes returned for additional information on the specific status of the claim.

**Request Additional Info:** Olive – The payer was able to locate the claim in their system and additional information needs to be provided for the payer to finish adjudicating the claim. Review the specific additional information request codes returned for more information on the additional data that the payer is requesting.

# Batch

Batch options are found under the **Batch** menu. Currently FinThrive offers the ability to view eligibility and claim status batch transactions in HSP when enabled for enhanced batch.



The eligibility and claim batch summary pages show all batches submitted and their current statuses. From the batch summary screen, you can perform either an Excel or CSV export.

BatchId	Desc.	Batch Received	Received	Completed	Waiting	Eligible	Inactive	Not Found	Provider Error	Eligible Other	Invalid Request	Ack 999/997	Payer Not Responding
47494055	1	06/01/2022 02:48:19 PM	158	158	0	53	21	5	0	0	0	0	79
46900847		05/27/2022 08:36:26 AM	1	1	0	0	0	0	0	0	0	0	1

Selecting a specific BatchId will navigate you to the Batch Details screen where you will be able to view each individual transaction in the respective batch.

Healthcare Solutions Portal Welcome

Products | Batch | History | My Profile | System | Guides | Log Off

### Eligibility Batch Details

**Search Settings**

BatchID: 47494055    First Name:    Last Name:    Status:   
 Payers:    Provider:    MemberID:      
 Service Date: None

Clear    Search

**Batch Summary** Show/Hide Columns    Excel    CSV    Unmask All

Work Status	BatchID	Client Tracking ID	Date Of Service	Status	First Name	Last Name	DOB	MemberID
<input type="checkbox"/>	47494055	1	06/01/2022	Payer Not Responding	John	Smith		ABC123
<input checked="" type="checkbox"/>	47494055	7	06/01/2022	Eligible	John	Smith		ABC123
<input type="checkbox"/>	47494055	1	06/01/2022	Payer Not Responding	John	Smith		ABC123
<input type="checkbox"/>	47494055	1	06/01/2022	Eligible	John	Smith		ABC123
<input type="checkbox"/>	47494055	1	06/01/2022	Inactive	John	Smith		ABC123
<input type="checkbox"/>	47494055	1	06/01/2022	Payer Not Responding	John	Smith		ABC123
<input type="checkbox"/>	47494055	1	06/01/2022	Payer Not Responding	John	Smith		ABC123
<input type="checkbox"/>	47494055	1	06/01/2022	Eligible	John	Smith		ABC123

158 items in 16 pages

Acknowledgement(999/997)   
  Eligible   
  Eligible Other   
  Inactive   
  Invalid Request   
  Not Found   
  Payer Not Responding   
  Waiting   
  Provider Ineligible

## Eligibility batch expiration

Response files are returned after all transactions in the file have processed or the batch expiration has been met, whichever is sooner. If a transaction receives a Payer Not Responding error, the system will automatically re-try the transaction every 2 hours until a valid response is received or the batch expiration has been met. The standard batch turnaround time is 24 hours. However, this can be lowered to 8 hours or 4 hours if appropriate. Additionally, clients will have the ability to manually expire any pending batches prior to the pre-configured turnaround time if needed.

**Note:**

If large files contain transactions for a single payer, depending on expiration period, there may not be enough time to transmit all the requests due to payer volume limits. We recommend sending smaller files for single payer requests and larger files with mixed payer requests.

Healthcare Solutions Portal Welcome HSPASST HSPASST of HSP GROUP1

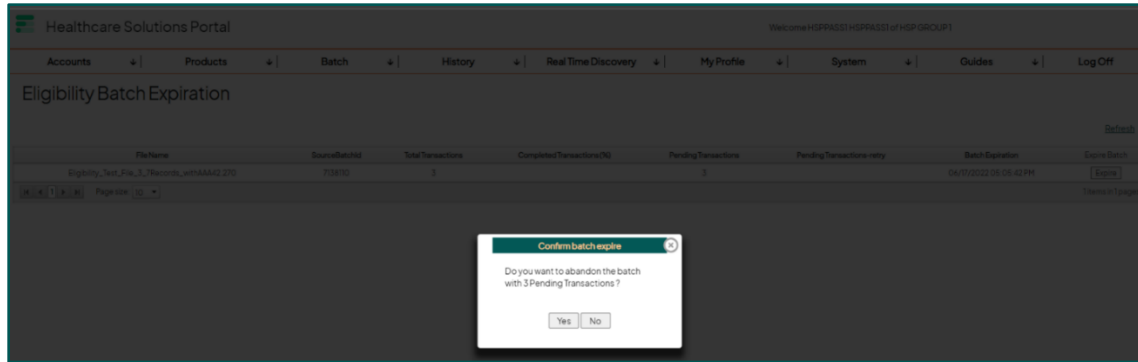
Accounts | Products | Batch | History | Real Time Discovery | My Profile | System | Guides | Log Off

### Eligibility Batch Expiration

[Refresh](#)

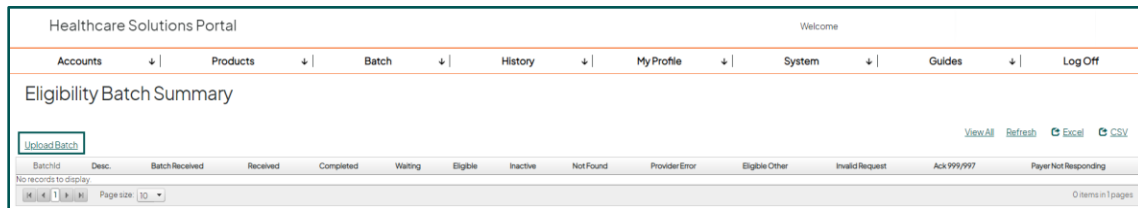
FileName	SourceBatchID	Total Transactions	Completed Transactions(%)	Pending Transactions	Pending Transactions-retry	Batch Expiration	Expire Batch
Eligibility_Test_File_3_3Records_withAAA42 270	713810	3		3		06/17/2022 05:05:43 PM	<a href="#">Expire</a>

1 items in 1 pages



## Eligibility batch upload

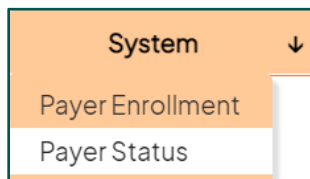
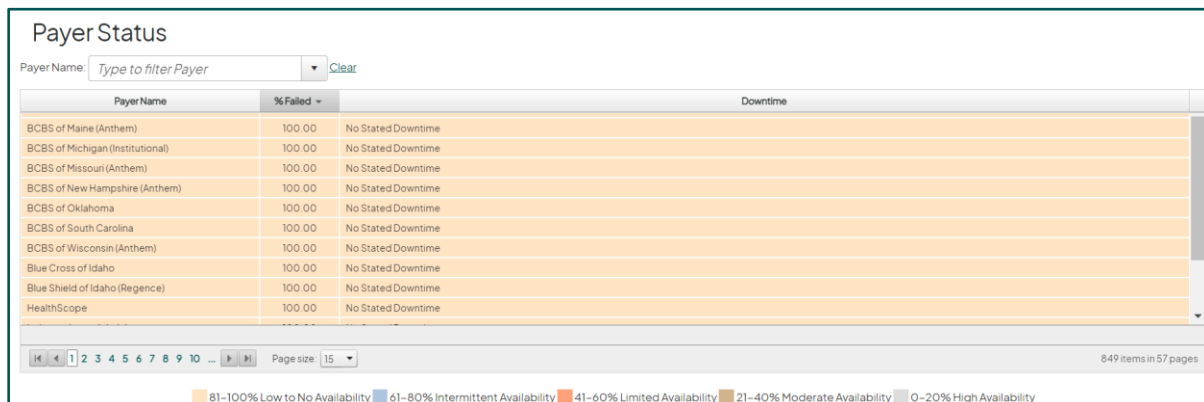
Enhanced batch users can navigate to the sFTP from within HSP to manually upload batch files for processing.



# Payer Status and Payer Down Times

## Payer status

The **Payer Status** page can be found under the **System** menu. You can determine whether or not a payer is having transmission issues by reviewing the Payer Status page. The Payer Status page depicts the failure rate of payer transmissions and their scheduled maintenance windows. The “% Failed” column lists the percentage of failed transmissions for the given payer over the past 30 minutes with 100% indicating that ALL transmissions are currently returning with “Payer Not Responding” on the eligibility response.

The screenshot shows the 'Payer Status' page. At the top, there is a search bar for 'Payer Name' with a 'Clear' button. Below the search bar is a table with columns for 'Payer Name', '% Failed', and 'Downtime'. The table lists several payers, all with a 100.00% failure rate and 'No Stated Downtime'. At the bottom of the page, there is a legend for availability levels: 0-20% High Availability (green), 21-40% Moderate Availability (orange), 41-60% Limited Availability (red), 61-80% Intermittent Availability (blue), and 81-100% Low to No Availability (yellow). The page also shows a pagination bar with 'Page size: 15' and '849 items in 57 pages'.

Payer Name	% Failed	Downtime
BCBS of Maine (Anthem)	100.00	No Stated Downtime
BCBS of Michigan (Institutional)	100.00	No Stated Downtime
BCBS of Missouri (Anthem)	100.00	No Stated Downtime
BCBS of New Hampshire (Anthem)	100.00	No Stated Downtime
BCBS of Oklahoma	100.00	No Stated Downtime
BCBS of South Carolina	100.00	No Stated Downtime
BCBS of Wisconsin (Anthem)	100.00	No Stated Downtime
Blue Cross of Idaho	100.00	No Stated Downtime
Blue Shield of Idaho (Regence)	100.00	No Stated Downtime
HealthScope	100.00	No Stated Downtime

HSP monitors the system for these responses and will automatically resubmit the inquiry every 2 hours for up to 24 hours until a valid response is received. The Eligibility History page should be monitored for a change of status. It is not necessary to rerun the search unless the 24-hour mark for the submission has passed and the response has not changed.

## Payer down times

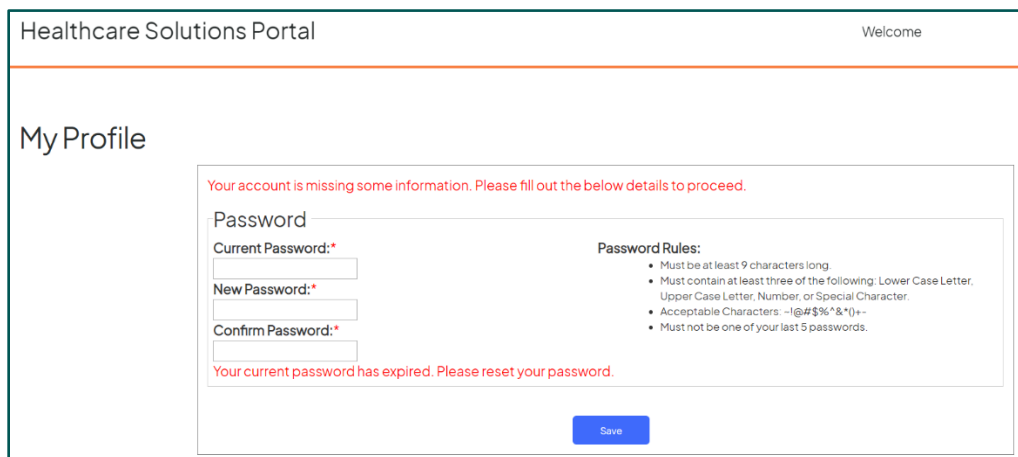
Many insurance companies schedule times for routine system maintenance. Submission on any inquiry during these periods of maintenance may result in a **Payer Not Responding** or other error. To view the maintenance schedule for any payer, go to **System** and then select **Payer Status**.



# My Profile

## Password management

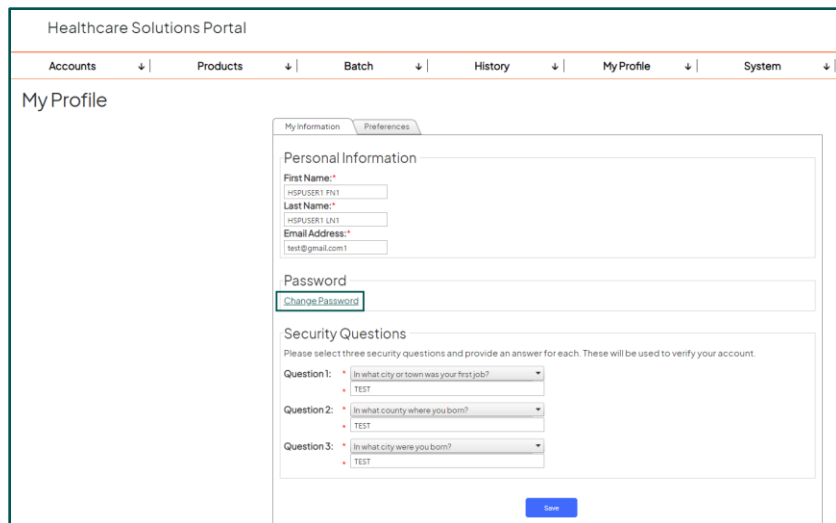
For security purposes, your password is set to expire every 90 days. A new password can also be created on demand. The 90-day expiration period is reset every time the password is changed. If your password is expired, the password change screen will automatically appear after a log in attempt is made.



The screenshot shows the 'My Profile' section of the Healthcare Solutions Portal. At the top, it says 'Healthcare Solutions Portal' on the left and 'Welcome' on the right. Below this, the 'My Profile' heading is visible. A red message states: 'Your account is missing some information. Please fill out the below details to proceed.' The form contains three input fields: 'Current Password:\*', 'New Password:\*', and 'Confirm Password:\*'. To the right of these fields, the 'Password Rules:' are listed: 'Must be at least 9 characters long.', 'Must contain at least three of the following: Lower Case Letter, Upper Case Letter, Number, or Special Character.', 'Acceptable Characters: ~!@#\$%^&\*()+-', and 'Must not be one of your last 5 passwords.' A red message below the fields says: 'Your current password has expired. Please reset your password.' A blue 'Save' button is located at the bottom right of the form.

## Password change

Select **My Profile** and the **My Information** tab and click **Change Password** to show the password fields. Enter your current password, new password, confirm password, and then click **Save**.

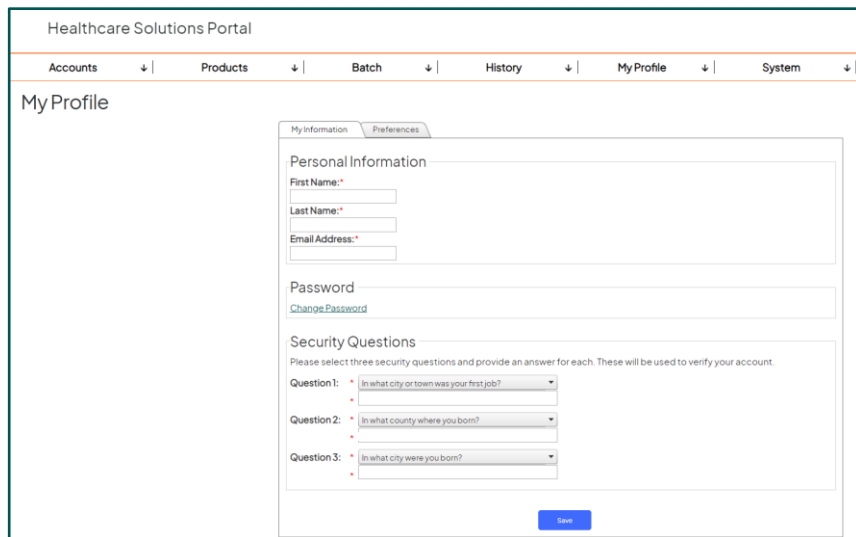


## Problems changing your password?

- Before you enter the new password, check your keyboard and make sure that **Caps Lock** is OFF and **Num Lock** is ON.
- Make sure that your new password follows the rules listed on the Password Change screen.
  - Must be at least nine characters
  - Must contain at least three of the following:
    - Lowercase letter
    - Uppercase letter
    - Number
    - Acceptable special characters: ~!@#\$\$%^&\*()+-
  - Must not be one of your last five passwords

## Security questions

To complete the questionnaire, it will be necessary to provide an email address and answer three security questions. This information will only be requested again as part of the Password Reset function.



Follow the prompts on the questionnaire to enter the information and press **Save** to save your changes. You will receive an email notification at the address provided on the questionnaire.

If you do not receive the notification:

- The email address may be incorrect.
- The email may have been sent to a spam or junk folder.
- Your email account may be blocked from receiving outside emails. Check with your IT Department if you think this is the case.

## Editing the security questionnaire

Log in to the system, select **My Profile** and then the **My Information** tab. Make any necessary changes and verify the answers. Press **Save** to save your changes. You will receive an email notification at the address provided on the questionnaire to confirm changes have been made to your security questions.

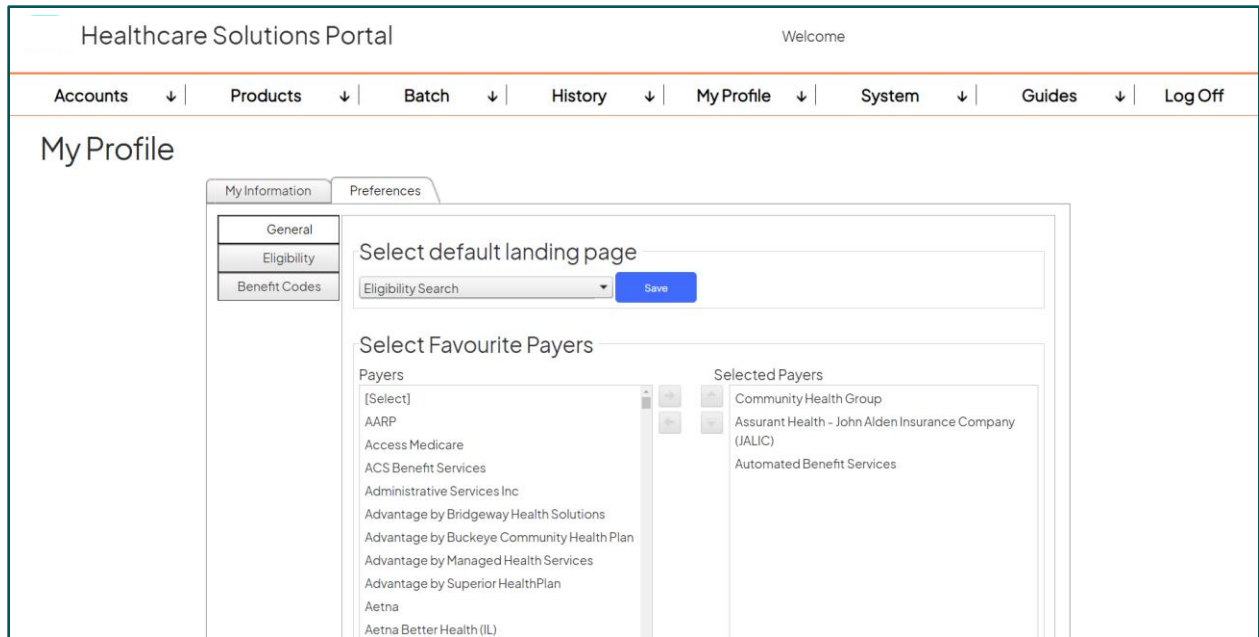
## Preferences

The preferences tab allows you to designate a module within the site you would like to land on every time you log in. You can also select Favorite Payers or set Service Type Code (STC) preferences that are more relevant to you.

### General subtab

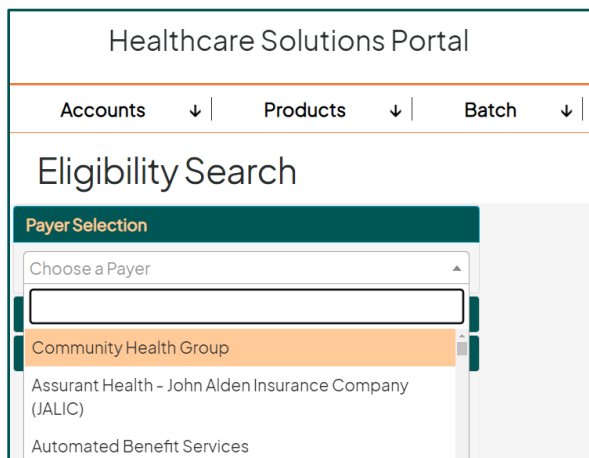
#### Set default landing page

Within the General subtab, you can select which module you would like to set as your default landing page. If no landing page is selected, you will land on **Eligibility Search** upon log in.



### Select Favorite Payers

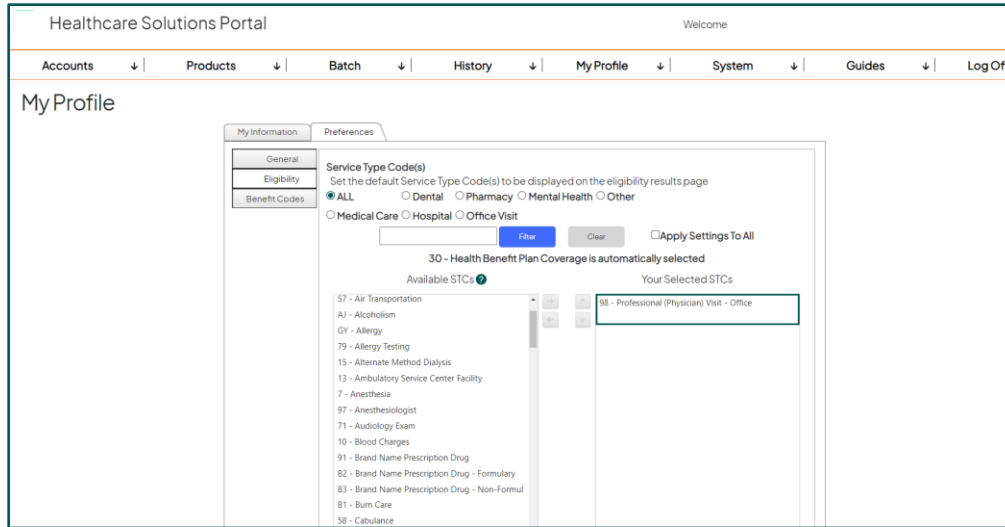
Within the General subtab, you can also select favorite payers. This will prioritize the selected payers within the Payer Selection dropdown of the eligibility search page in the order shown above.



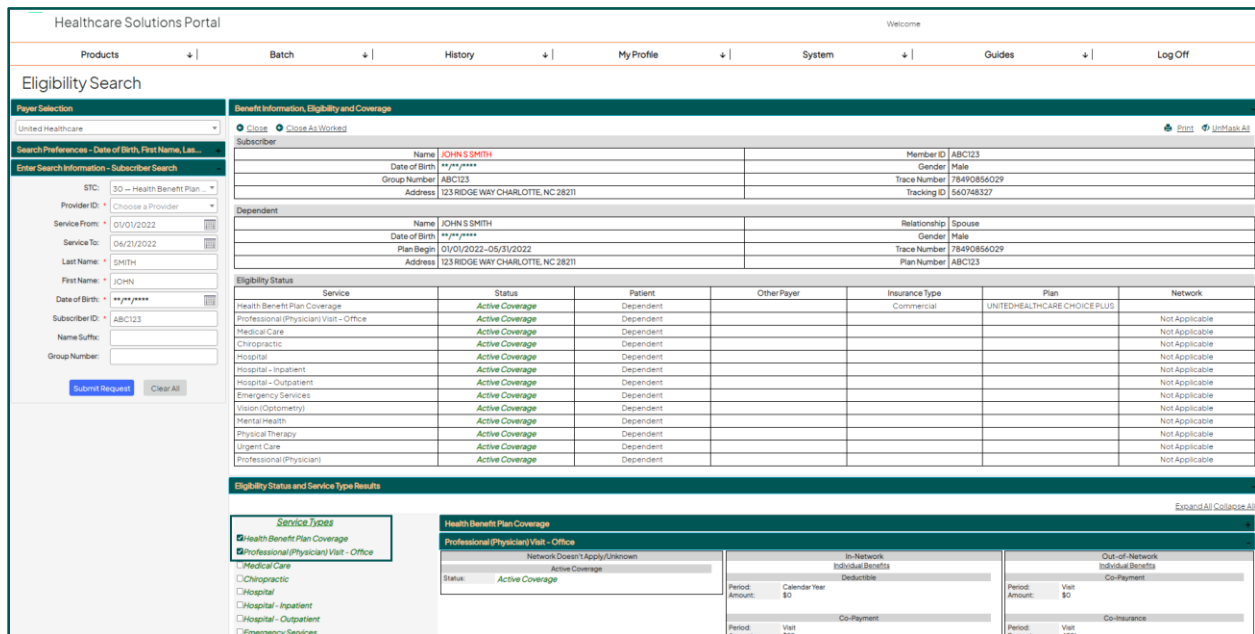
### Eligibility subtab

#### Prioritize STC Preference

The Eligibility subtab allows you to set and prioritize your STC preference when viewing an eligibility response. If no preferences are set, STC 30 will be checked by default.



Available STCs can be moved to **Your Selected STCs** and placed in the order in which you would like them shown in the Eligibility Response. Once set, these STCs will be automatically selected when returned in the Eligibility Response.



## Benefit codes subtab

### Prioritize Benefit Codes

The Benefit Codes subtab allows you to prioritize the benefit information codes display order on the eligibility results page.

Healthcare Solutions Portal Welcome

Products | Batch | History | My Profile | System | Guides | Log Off

### My Profile

Preferences

- General
- Eligibility
- Benefit Codes**

**Benefit Information Code(s)**  
Define Benefit Information Codes display order on Eligibility results page

Benefit Information Codes Display Order

1 — Active Coverage	A — Co-insurance
2 — Active - Full Risk Capitalization	B — Co-payment
3 — Active - Services Capitalized	C — Deductible
4 — Active - Services Capitalized to Primary Care Physician	
5 — Active - Pending investigation	
6 — inactive	
7 — inactive - Pending Eligibility Update	
8 — inactive - Pending investigation	
CB — Coverage Basis	
D — Benefit Description	
E — Exclusions	
F — Limitations	
G — Out of Pocket (Stop Loss)	
H — Unlimited	
I — Non-Covered	
J — Cost Containment	
K — Reserve	
L — Primary Care Provider	
M — Pre-existing Condition	
MC — Managed Care Coordinator	
N — Services Restricted to Followins Provider	

You can customize your benefit codes by selecting what order you want your benefit information to appear on the eligibility screen.

Healthcare Solutions Portal Welcome

Products | Batch | History | My Profile | System | Guides | Log Off

### Eligibility Search

**Player Selection**  
Holina Healthcare of Michigan

**Search Preferences - Date of Birth, First Name, Last Name**

**Enter Search Information - Subscriber Search**

STC: 30 — Health Benefit Plan  
 Provider ID: Choose a Provider  
 Service From: 06/29/2022  
 Service To: 06/29/2022  
 Date of Birth: \*\*\*\*/\*\*\*\*/\*\*\*\*  
 First Name: JOHN  
 Last Name: SMETH  
 Name Suffix:  
 Middle Name:

**Benefit Information, Eligibility and Coverage**

**Subscriber**

Name	JOHN S SMETH	Member ID	ABC123
Date of Birth	****/****/****	Gender	Male
Group Number	ABC123 STATE OF MICHIGAN	Plan	7/01/2020-12/31/2078
Trace Number	79034998090	Address	123 RIDGE WAY CHARLOTTE, NC 28211
Plan Number	ABC123	Tracking ID	561329FD

**Eligibility Status**

Service	Status	Patient	Other Payer	Insurance Type	Plan	Network
Health Benefit Plan Coverage	Active Coverage	Subscriber			Healthy Michigan Plan	
Professional/Physician Visit - Office	Active Coverage	Subscriber			Healthy Michigan Plan	
Medical Care	Active Coverage	Subscriber			Healthy Michigan Plan	
Chiropractic	Active Coverage	Subscriber			Healthy Michigan Plan	
Dental Care	Active Coverage	Subscriber			Healthy Michigan Plan	
Hospital	Active Coverage	Subscriber			Healthy Michigan Plan	
Hospital - Inpatient	Active Coverage	Subscriber			Healthy Michigan Plan	
Hospital - Outpatient	Active Coverage	Subscriber			Healthy Michigan Plan	
Emergency Services	Active Coverage	Subscriber			Healthy Michigan Plan	
Pharmacy	Active Coverage	Subscriber			Healthy Michigan Plan	
Vision (Optometry)	Active Coverage	Subscriber			Healthy Michigan Plan	
Mental Health	Active Coverage	Subscriber			Healthy Michigan Plan	
Urgent Care	Active Coverage	Subscriber			Healthy Michigan Plan	

**Eligibility Status and Service Type Results**

**Service Types**

- Health Benefit Plan Coverage
- Professional/Physician Visit - Office
- Medical Care
- Chiropractic
- Dental Care
- Hospital
- Hospital - Inpatient
- Hospital - Outpatient
- Emergency Services
- Pharmacy
- Vision (Optometry)
- Mental Health
- Urgent Care

**Health Benefit Plan Coverage**

Description	Amount	Authorization	Requirement	Message(s)	Others
Healthy Michigan Plan	0%	Unknown			Network/Don't Apply/Unknown
Healthy Michigan Plan	\$0	Unknown			Co-insurance
Healthy Michigan Plan	\$0	Unknown			Co-payment
Healthy Michigan Plan	\$0	Unknown			Deductible

# HSP Log Off

## Exit the portal

You can log off HSP by selecting the **Log Off** option on the menu.





© 2022 FinThrive, Inc, a Delaware corporation, with a business address at 200 North Point Center East, Suite 400, Alpharetta, GA 30022, and its affiliates and subsidiaries (collectively, "FinThrive"). All rights reserved. The FinThrive name, associated trademarks, product names and logos are owned by FinThrive or related entities and may be registered with the United States Patent and Trademark Office.

