TransUnion Healthcare Solutions
Portal User Guide

HSP.transunion.com

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HSP Login Page

Entering the Portal

Open a browser and enter www.HSP.transunion.com in the address bar. You should see the TransUnion login screen where you can enter your user name and password.

If you experience difficulty reaching the website or the Member Login screen shown below, try the following:

- Verify that your address bar reads: www.HSP.transunion.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, we recommend the latest version of Google Chrome browser or Internet Explorer 10 or above.
- Contact your local administrator.
- Contact TransUnion Partner Support (TUPartnerSupport@transunion.com) if you continue to have difficulty with reaching the website.

Upon reaching the TransUnion HSP login screen, enter your user name and password in the space provided and click Login.
Important

The password is case sensitive.

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.

An unsuccessful login attempt will result in the following response:

Having Trouble With Your Login?

1. Double check to make sure you are entering the user name and password correctly.
2. Make sure that the Caps Lock is OFF and Num Lock is ON.
4. Passwords are case sensitive and must follow the password rules:
   a. Must be at least nine characters.
   b. Must contain at least three of the following:
      i. Lower case letter
      ii. Upper case letter
      iii. Number
      iv. Acceptable special characters: ~!#$%^&*()+-
c. Must not be one of your last five passwords.

**Forgot User Name**

Forgot User Name link will prompt you to enter your email address. The system will match your email address and email your user name.

**Forgot Password**

Forgot Password link will prompt you to enter your user name 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 sub groups. 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

Below are three Admin roles and their allowable functions within the Admin area.

<table>
<thead>
<tr>
<th>Allowable Functions</th>
<th>Client Administrator</th>
<th>Group Administrator</th>
<th>Sub Group Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Selecting Products</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Add New Group</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deactivate Group</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Modify Group Details</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Add a Sub Group</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Deactivate a Sub Group</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Modify Sub Group Details</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Add New User</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
**Allowable Functions**

<table>
<thead>
<tr>
<th>Allowable Functions</th>
<th>Client Administrator</th>
<th>Group Administrator</th>
<th>Sub Group Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inactivate a User</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Modify a User</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Add/Remove Providers</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Add/Remove Payers</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Add/Remove Payer Requirements</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Groups and Sub Groups**

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

**Adding a Group**

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

**Adding a Sub Group**

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

Click on the Group row you want to edit, and click on the **Edit** button to initiate the edit pop up window. Within the edit pop up, you have the ability to deactivate the group and edit the group’s contact information.

Editing a Sub Group

On the Sub Groups tab, click on the Sub Group row you want to edit and click on the **Edit** button to initiate the edit pop-up window. Within the edit pop up, you have the ability to deactivate the Sub Group and edit the Sub Group’s contact information.
User Management

The Users tab can be used to manage user accounts.

Adding a User

Client Administrators and Group Administrators have the ability to create users. Before adding a new user, confirm you are on the Group or Sub Group 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 of the fields marked with a red asterisk (*) must be completed. Click the **Save** button.

**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.
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.

Clicking the **Set My Password** link will direct the user to set their password and enter security questions and answers. Enter New Password, Confirm New 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.
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.

**Editing a User**

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

To reset a user’s password, click the **Padlock** icon to initiate the password reset pop up. A user box will appear showing the user name, email address, and security questions and answers. There are two ways to reset a password: Send Token or Generate 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.

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.
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 User Name
- Make sure the user has a valid email address
- Make sure the user status is active

The below setting can be found when you click the Padlock icon for a user.

- Make sure the user has security questions created

Provider Management

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

Adding a Provider

Select the Group or Sub Group 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.
Editing a Provider

Select the Group or Sub Group 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.

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 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 Requirements Set numbers will adjust and the colored badges will change to reflect the new status.
Payer Management

The list of available payers can be found on the **Payers** tab, and payers are managed at the Group/Sub Group level. Confirm you are on the Group/Sub Group 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 on page 14 of this guide 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 are color coded in red and pink to make you aware that an extra step is needed before you can submit transactions to this 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.
Eligibility Search

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

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 (*). If there is an error or omission in one of the required fields, the field with the error is outlined in red. For example:

![Image of Payer Selection and Search Preferences]

**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 at all 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.

![Eligibility Details Screen](image)

### 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:

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

**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.

![Service Types]

**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 buttons located on the upper right-hand corner of the screen.

**Note:**
This will print a copy of what is currently displayed on your screen, so be sure to expand the benefit sections you want to see and uncheck the service types that you don’t want to see.

### 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.

### 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.

### 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.
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.

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.

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. Review the transaction response for additional details.

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. Please contact TransUnion Partner Support (TUPartnerSupport@transunion.com) for assistance in determining the cause of the 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 or not 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. Please contact TransUnion Partner Support (TUPartnerSupport@transunion.com) for assistance in determining the cause of the issue.
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.

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.

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.

<table>
<thead>
<tr>
<th>Eligibility Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>Status</td>
</tr>
<tr>
<td>Health Benefit Plan Coverage</td>
<td>Inactive</td>
</tr>
</tbody>
</table>

**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.

**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. If you continue to receive this error after enrolling with the payer, please contact TransUnion Partner Support (TUPartnerSupport@transunion.com) for assistance in determining the cause of the issue.

**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.

**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, TransUnion Partner Support will open an investigation into the cause of the discrepancy.

In order 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 emailing TransUnion Partner Support (TUPartnerSupport@transunion.com) unless otherwise directed.

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.
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.

**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

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.

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

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.
HSP Log Off

Exit the Portal

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