

Vx570® Transaction Guide

Three Rivers Health Plan (TRHP) Eligibility

Version 1.01

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Overview

Three Rivers Health Plan (TRHP) is a managed care plan operated by Three Rivers Administrative Services for Medicaid recipients in Pennsylvania.

This transaction allows you to verify a member's eligibility status and benefits for TRHP for a single date of service.


Date of Service Restrictions

- Up to one year in the past.
- No future dates.

Special Considerations



In order for you to use your National Provider Identifier (NPI), the payer must be ready to accept NPI. Consult our payer lists at www.emdeon.com/PayerLists/payerlists.php for this payer's NPI-readiness status. Additionally, the payer's NPI registration requirements must be fulfilled.

To Enter Letters

1. Press the number key on which the letter appears.
2. Press <ALPHA> once, twice, or three times, until the letter appears.
3. If needed, press  to delete the last character entered.
4. Special characters are on the * and # keys. Q, Z, and the decimal point (.) are on key 1.





Other Usage Tips






- To display help information, press <F1>.
- If your terminal has been idle, you may be prompted to enter your user ID and password.

- You can assign shortcut keys (hot keys) to frequently-used payers. When you press a shortcut key from the idle prompt, your terminal will display the Transaction Type menu for the payer assigned to that key.
- To skip an optional prompt, press .
- For instructions on setting up a list of Provider IDs, see your Verifone Vx570® User Guide.
- To display a list of entries for a prompt (e.g., Provider IDs), press <F2>. Select your entry, then press .

For more information, see your Verifone Vx570® User Guide.

Request

Step:	POS Display:	Enter:
1	WELCOME TO EMDEON SWIPE CARD OR PRESS ANY KEY	press any key.
2	MEDICAL ADDRESS VERIFY FINANCIAL SETUP	press <F2> for Medical (<i>go to step 3</i>) or press an assigned shortcut key to start the payer program (<i>go to step 4</i>).
3	SELECT PAYER:	select THREE RIVERS  .
4	SELECT TRANSACTION: Eligibility Claim Status Preauthorization	Choose transaction type: Eligibility  .
5	Provider ID	inquiring provider ID  (<i>Press <F2> for list.</i>)
6	Member ID	member ID  .

Step:	POS Display:	Enter:
7	Date of Service	date of service (mmddyy or mmddyyyy)  or just  for today's date.
8	Date of Birth	date of birth (mmddyyyy) 
9	Last Name	last name 
10	First Name	first name 

Response

The following section describes each section of information that your payer can return. Individual responses can vary in content. For a detailed dictionary of response data, see the **POS Standard Eligibility Response Dictionary (Fax-on-Demand #5994)**.

To reprint the last response, press <Scroll Line ↑>.

Input Information

The information you entered in your request.

TRHP Information

Basic information about the transaction, such as:

The Submit ID used for tracking

Benefit Indicator:

- Y = Benefit information exists
- N = No benefit information exists
- P = Pending
- Q = QMB
- S = Spenddown

Medicare Indicator:

- A = Patient has Medicare Part A coverage
- B = Patient has Medicare Part B coverage
- A&B = Patient has Medicare Parts A and B coverage
- NA = Unable to determine Medicare coverage

Other Payer Indicator:

- Y = Patient has other payer coverage
- NA = Unable to determine other payer coverage

Information Source

Information about the payer, such as primary ID and name.

Information Source Contact

Payer contact information.

Information Receiver

Information about the requesting provider, such as primary ID and name.

Subscriber

Information about the subscriber. Includes:

- The transaction audit (trace) numbers and origins
- The subscriber's primary ID
- Demographic information, such as name, date of birth, gender; returned when the subscriber is the patient
- Subscriber identification numbers other than the primary ID
- Eligibility or benefit dates. Dates can also appear in the Eligibility/Benefit section

Patient

Information about the patient, when the patient is a dependent. Includes:

- The transaction audit (trace) numbers and origins
- The patient's primary ID
- Demographic information, such as name, date of birth, gender
- Relationship of patient to subscriber
- Patient identification numbers other than the primary ID
- Eligibility or benefit dates. Dates can also appear in the Eligibility/Benefit section

Eligibility or Benefit Details

The eligibility and benefit sections give details about the patient's eligibility status and other types of benefits. There can be several eligibility and benefit sections.

Each section header describes the eligibility status or benefit type to which the section applies. See **Eligibility/Benefit Types** for a list of possible sections.

Note: A row of all dashes designates the beginning of another section of data of the same eligibility/benefit type as the preceding section.

Information for each type of eligibility status or benefit section can include:

- Coverage type
- Service types¹

Applicable dollar amount or percentage
 Insurance type²
 Plan coverage information
 Benefit period
 Benefit quantity
 Authorization or certification required
 In-network indicator
 Product or service ID
 Procedure Modifiers
 Health care service delivery details
 Additional identifiers
 Benefit-specific eligibility dates
 Limitations
 Information used to determine eligibility
 Benefit-related entity and entity contact information

¹see **Service Types (HIPAA), Fax-on-Demand #5998**

²see **Insurance Types (HIPAA), Fax-on-Demand #5999**

Eligibility/Benefit Types

Actv Cvg	Cost Containment
Actv – Full Risk Capitation	Rsv (<i>Reserve</i>)
Actv – Srvc Capitated	PCP
Actv – Srvc Capitated to PCP	Pre-existing Cond
Actv – Pend Investigation	MC Coord (<i>Managed Care Coordinator</i>)
Inactv	Svcs Restricted to Following
Inactv – Pend Elig Updte	Not Deemed a Med Necessity
Inactv – Pend Investigation	Bene Disclmr
Co-Ins	2nd Surg Opinion Reqd
Co-Pay	Other/Addl Payer
Deductible	Prior Year(s) History
Cvg Basis	Card(s) Rptd Lost/Stolen
Bene Descrip	Contact Following for Elig/Bene
Exclusions	Cannot Process
Limitations	Other Sce of Data
Out of Pckt (Stop Loss)	Health Care Facility
Unlim	Spend Down
Non-Cvd	

Error Messages

Transaction-related error messages begin with CL, HT, or RH, followed by a number and a line or so of text.

For a comprehensive description of all error messages, see the document **Dictionary of Transaction Error Messages (Fax-on-Demand # 5997)**.