



# HealthXnet User Guide 2022/2023

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## GENERAL

HealthXnet provides a single website login to access multiple health plan systems to verify eligibility and benefits, claim status inquiries and batch Medicaid for self-pay. HealthXnet does not store, maintain, or update patient information on behalf of any health plan.

## Hours of Availability

The HealthXnet portal is available 24-hours a day, seven days a week.

Health plan availability may be affected by scheduled or unscheduled system maintenance by the health plans. **Some health plans regularly schedule outages to allow for maintenance. Scheduled outages typically occur late night, or on the weekends when usage is often lowest.** The HealthXnet Status page lists schedule maintenance activities of the health plans, if HealthXnet has been notified. HealthXnet will also post updates of unscheduled payer outages or connectivity issues as we become aware of them.

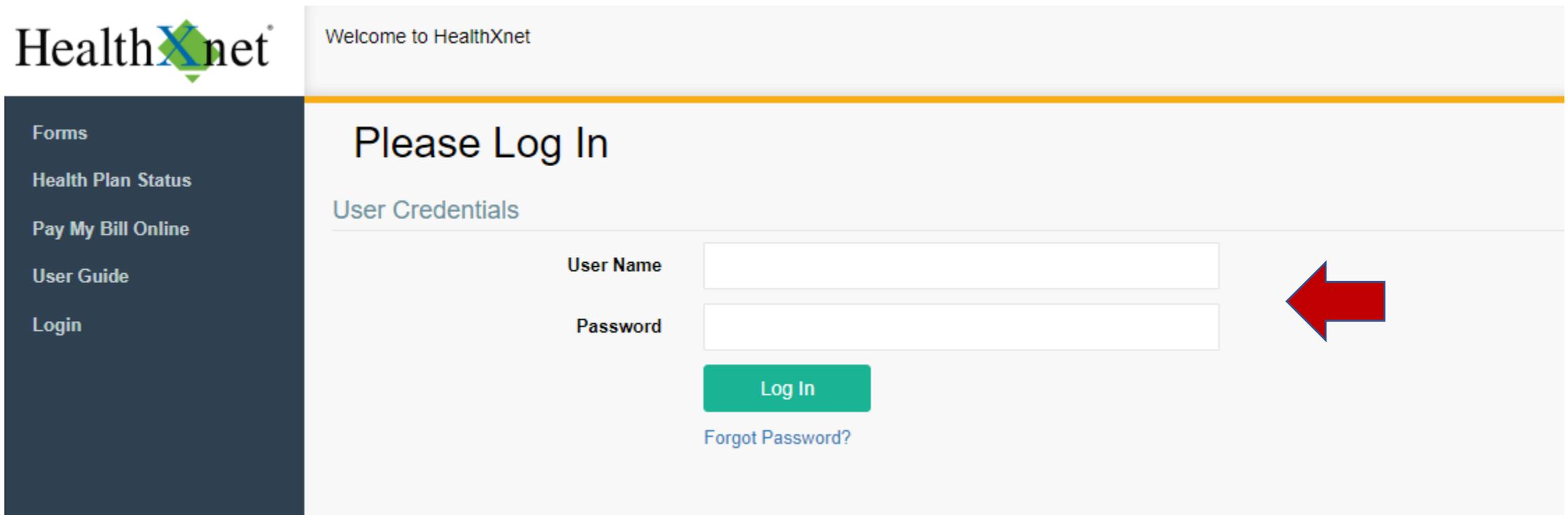


## GETTING STARTED IN HEALTHXNET

Logging into HealthXnet

Visit: <https://pam.healthxnet.com/Hello.action>

### HealthXnet Login Page



The screenshot shows the HealthXnet login page. On the left is a dark blue sidebar with the HealthXnet logo and a menu containing: Forms, Health Plan Status, Pay My Bill Online, User Guide, and Login. The main content area has a light gray header with the text "Welcome to HealthXnet". Below this is a large heading "Please Log In" and a sub-heading "User Credentials". There are two input fields: "User Name" and "Password". A green "Log In" button is positioned below the password field. A blue link "Forgot Password?" is located below the "Log In" button. A large red arrow points to the right side of the input fields.

# HEALTHXNET USER ID AND PASSWORD

**\*\*HealthXnet is HIPAA compliant. Every user should have a unique login. \*\***

## User IDs

Each user should have a unique user ID. The user ID is assigned by your Group Contact or HealthXnet personnel.

## Passwords

Each user ID has a password associated with it. The initial password is created when the user account is created. HealthXnet will prompt new users to change the password upon signing in the first time.

### **\*\* Password maintenance:**

- Passwords expire every 90 days. Users are prompted to create a new password when the current password expires. Previously used passwords are not accepted when creating a new password.
- A password must be at least six (6) characters long with at least one lowercase character and one number.

To protect Patient Health Information (PHI) accessed via HealthXnet:

- **Sharing logins with others is not recommended**
- **Log out of HealthXnet when you are not using it**
- **Be careful to not save user information to a temporary computer device**

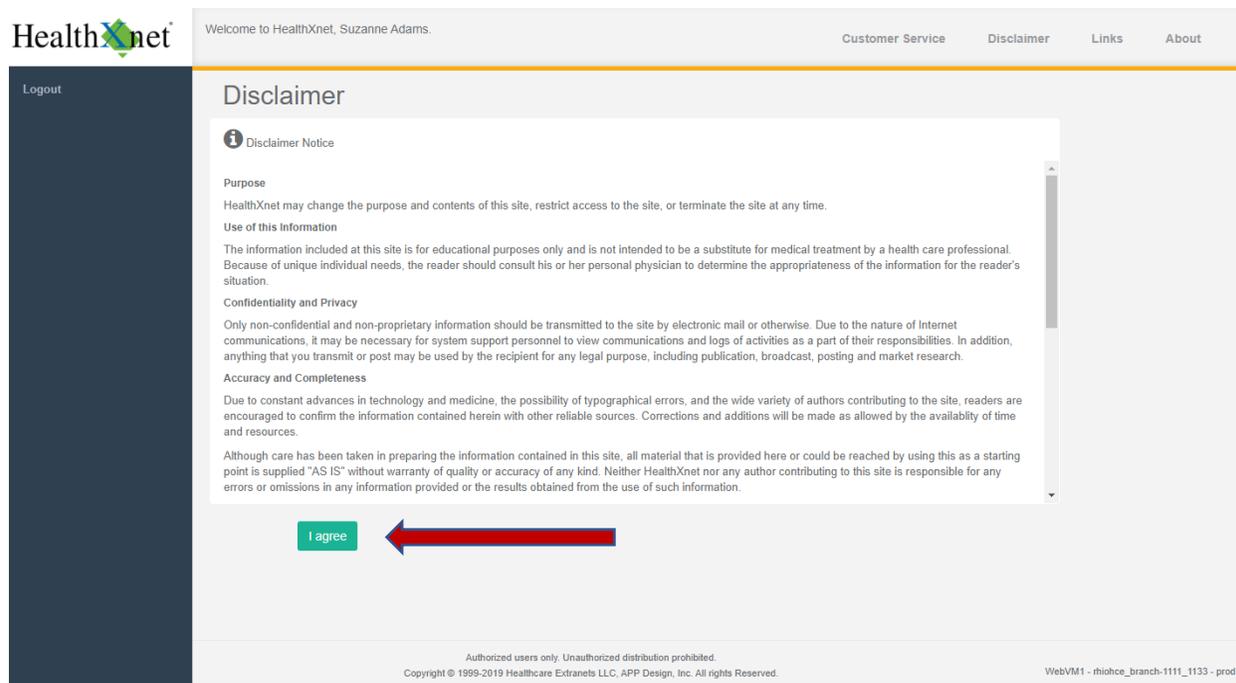


## Disclaimer Notice

HealthXnet will prompt user to read and click the Disclaimer each time a user logs in to HealthXnet.

The user must click 'I Agree' before moving forward to the next screen.

## Disclaimer Notice



HealthXnet logo

Welcome to HealthXnet, Suzanne Adams.

Customer Service Disclaimer Links About

### Disclaimer

**Disclaimer Notice**

**Purpose**  
HealthXnet may change the purpose and contents of this site, restrict access to the site, or terminate the site at any time.

**Use of this Information**  
The information included at this site is for educational purposes only and is not intended to be a substitute for medical treatment by a health care professional. Because of unique individual needs, the reader should consult his or her personal physician to determine the appropriateness of the information for the reader's situation.

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Due to constant advances in technology and medicine, the possibility of typographical errors, and the wide variety of authors contributing to the site, readers are encouraged to confirm the information contained herein with other reliable sources. Corrections and additions will be made as allowed by the availability of time and resources.

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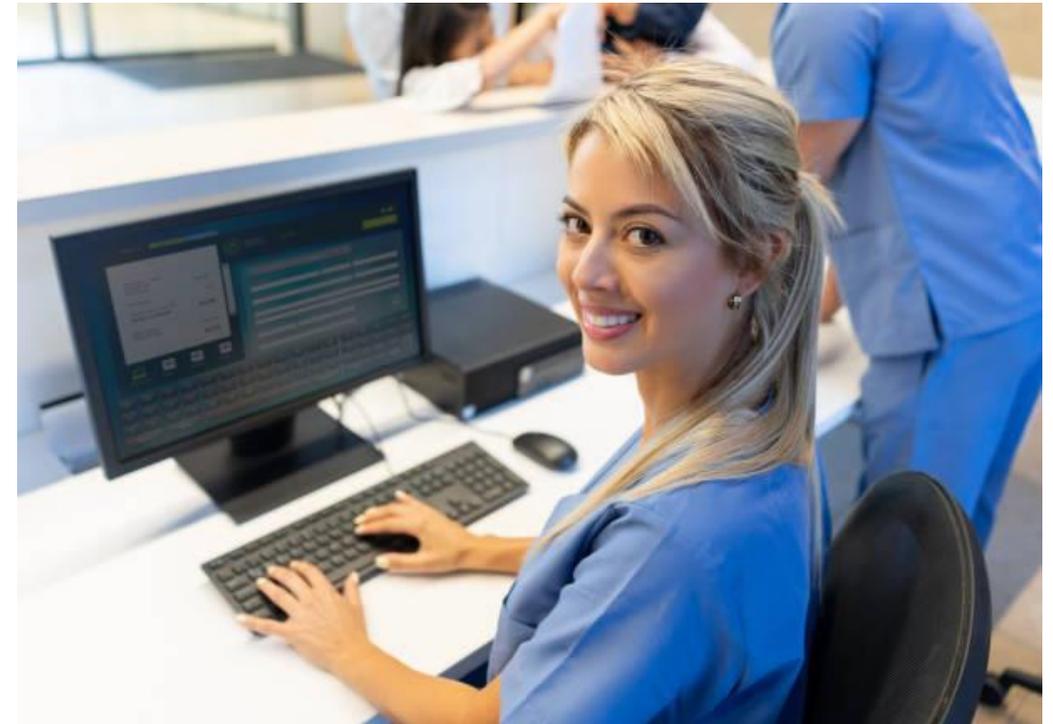
# GROUP CONTACTS

## What is a Group Contact?

A HealthXnet user that has been set up to assist users for their group:

- Restore access
- Change passwords
- Set up new users - No User Forms Required!
- Deactivate users

**To reset a user account and/or change passwords login to HealthXnet using your User ID and password**



# Group Administration – Group Contacts



Welcome to HealthXnet, [redacted]

- Home
- Eligibility And Benefits
- Claim Status
- Reports
- Medicaid Batch
- Prior Authorization Archive
- Prior Authorization Request
- Prior Authorization Fax Numbers
- Prior Authorization Management
- Group Administration
- Forms
- Health Plan Status

## Home

Hello, [redacted]

### Announcements

### Group Contacts

Group	Name	Phone
HCE Test Facility 2	Werling, Kevin	(505) 346-0268
HCE Test Facility 2	Werling, Kevin	(505) 343-0070
HCE Test Facility 2	Quinn, Robert	(630) 775-1144 x202
HCE Test Facility 2	Adams, Suzanne	(505) 346-0206



A list of your Group Contacts will show on the Welcome Page. Group Contacts are able to unlock users, change passwords and create new users



## From the HealthXnet Menu

### Select – Group Administration

Prior Authorization Archive Prior Authorization Request Prior Authorization Fax Numbers Prior Authorization Management <b>Group Administration</b>	<h4>Group Contacts</h4> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Group</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Phone</th> </tr> </thead> <tbody> <tr> <td>HCE Test Facility 2</td> <td>Werling, Kevin</td> <td>(505) 346-0268</td> </tr> <tr> <td>HCE Test Facility 2</td> <td>Werling, Kevin</td> <td>(505) 343-0070</td> </tr> <tr> <td>HCE Test Facility 2</td> <td>Quinn, Robert</td> <td>(630) 775-1144 x202</td> </tr> <tr> <td>HCE Test Facility 2</td> <td>Adams, Suzanne</td> <td>(505) 346-0206</td> </tr> </tbody> </table>	Group	Name	Phone	HCE Test Facility 2	Werling, Kevin	(505) 346-0268	HCE Test Facility 2	Werling, Kevin	(505) 343-0070	HCE Test Facility 2	Quinn, Robert	(630) 775-1144 x202	HCE Test Facility 2	Adams, Suzanne	(505) 346-0206
Group	Name	Phone														
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HCE Test Facility 2	Adams, Suzanne	(505) 346-0206														

- Click on Group Administration

To reactive and/or change a user's password, click on the User ID

Group User Administration

Group

HCE Test Facility 2

Users

User Id	Name
cyr	B, Cyr
hceabby	Van Gerpen, Abby
hcebear	armijo, bernadette
hcebear2	Armijo, Debbie
hcechris	Rico, Christina
hcekev1	Werling, Kevin
hcemosc	Mozeley, Scott
hcepamo	Mora, Patty
hcescott	Mozeley, Scott
hcesua	Adams, Suzanne
hcesuad	adams, suzanne
hctest	Tester, Test
hctest1	Werl, Kev

Click on the blue User ID to open

# Reactivating User and New Password

Update Group User

*Leave passwords field blank to activate/deactivate*

User ID: hctest1, Kev Werl

New Password

New Password Again

Active  

Click the Active Box to reactivate account and enter a new password – twice then click ‘Submit’.  
The HealthXnet user will now be able to login with the new password.

\*\*To deactivate a group user, click on the ‘Active’ box – the check mark will disappear then ‘Submit’.

## Creating a New User

<a href="#">hcesuad</a>	adams, suzanne	
<a href="#">hctest</a>	Tester, Test	<a href="mailto:kwerling@nmhsc.com">kwerling@nmhsc.com</a>
<a href="#">hctest1</a>	Werl, Kev	<a href="mailto:kwerling@nmhsc.com">kwerling@nmhsc.com</a>

[Create New User](#) ←

Click the 'Create New User' box at the end of the user list

# User ID

### Create New User

User Information

User ID	<input type="text"/>
Password	<input type="text"/>
First Name	<input type="text"/>

Work Address and Contact Information

Address 1	<input type="text"/>
City	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>

User ID is NOT available.  
User ID is OK

Enter a User ID – if you received error message in 'red' User ID is NOT available, try again until 'blue' message is User ID is OK

1. The User ID should be in line with other users for your group. For example: If the name of your practice is: White Bear Lake Clinic, the prefix could be **wblc** then a combination of the first two letters of the first name, and first two letters of the last name - **wblcsuza**
2. The password is temporary so create a simple password to take the user to a new screen where they will enter a new password twice.

**Enter the First Name, Last Name, and Address. Also add the email address of the new HealthXnet user. Two emails will be sent to the new user - one with the User ID, and a second with the Password**

# Permissions and Groups

## Create New User

[i Create New User He](#)

### User Information

User ID

User ID is OK

Password

Confirm Password

First Name

Last Name

### Work Address and Contact Information

Address 1

Address 2

City

State

Zip

Phone

Ext

Fax

Email

### Permissions and Groups

Select Permissions

- Eligibility
- Claim Status
- Prior Authorizations



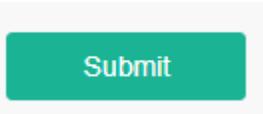
Click box to select User Permissions

*You can select multiple permissions.*

Select Groups

*Select multiple groups by holding down the "Ctrl" key.*  
Click to highlight group

Select Permissions you are giving the new user. Eligibility/Benefits and Claim Status are the two modules available. **Based on your group's subscription, select permissions for the new user.**



Final step – Click 'Submit'

The HealthXnet new user is set up to login to HealthXnet

# ELIGIBILITY INQUIRIES

# The HealthXnet Home Page

The menu options, alerts, and change password can be seen on the left-hand side of your screen when first logging into the system.



- Home
- Eligibility And Benefits
- Claim Status
- Reports
- Medicaid Batch
- Prior Authorization Archive
- Prior Authorization Request
- Prior Authorization Fax Numbers
- Prior Authorization Management
- Group Administration
- Forms
- Health Plan Status

Welcome to HealthXnet, [Redacted]

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**Menu Options** ←

## Home

Hello, [Redacted]

**Announcements** ← **HealthXnet uses this area to post health plan outages and special messages**

**Group Contacts**

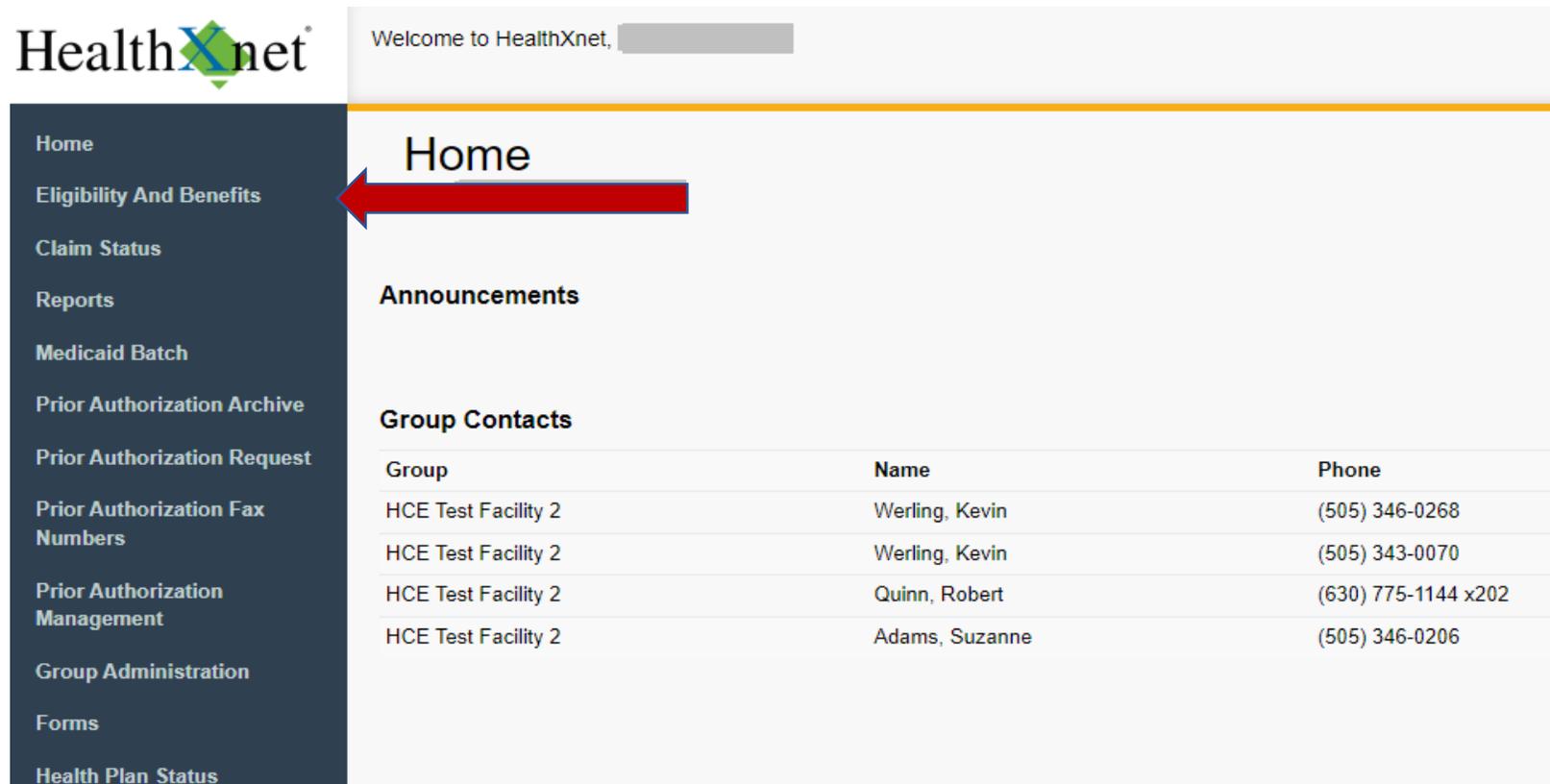
Group	Name	Phone
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HCE Test Facility 2	Adams, Suzanne	(505) 346-0206

# ELIGIBILITY VERIFICATION

To select an **inquiry type**, click on the menu item on the left-hand side of your screen.

Example:

\* **Eligibility and Benefits**



HealthXnet logo

Welcome to HealthXnet, [redacted]

**Home**

**Announcements**

**Group Contacts**

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HCE Test Facility 2	Quinn, Robert	(630) 775-1144 x202
HCE Test Facility 2	Adams, Suzanne	(505) 346-0206

HealthXnet opens the screen below:

## Eligibility Inquiry

**Eligibility Inquiry**

<b>Payer</b>	<input type="text" value="BLUE CROSS BLUE SHIELD OF NEW MEXICO"/>
<b>Search Options</b>	<input type="text" value="Member Search"/>
<b>Provider</b>	<input type="text" value="CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER - 1578587150"/>
<b>Service Type</b>	<input type="text" value="x Health Benefit Plan Coverage"/>
<b>Benefit Type</b>	<input type="text" value="Professional Benefits"/>
<b>Place of Service</b>	<input type="text" value="Select a place of service"/>
<b>Member ID</b>	<input type="text"/>
<b>Member Group ID</b>	<input type="text"/>
<b>Member First Name</b>	<input type="text"/>



Double click the arrow for a list of health plans OR you can begin typing in the box to narrow the search



Click the arrow for a list of search options



Click the arrow for a list of Service Types

Enter required information required based on Search Options

## Eligibility Search Options

**Payer**  ✕ ▾ [Patient does not know Payer](#)

**Search Options**  ✕ ▾

**Provider**

**Service Type**  ✕ **You can select**

**Member ID**

**Start Date of Service**   (mmdyyyy OR mm/dd/yyyy)

**End Date of Service**   (mmdyyyy OR mm/dd/yyyy)

Member ID

Member Name, DOB

Member Name, Middle Name, DOB

Member SSN, DOB

Member SSN, Name

Some health plans have several search options. Other health plans have very specific search options needed to run eligibility and benefit inquiries

## Eligibility Inquiry Results

Results are based on the information available and provided by the payer.

- **Inquiry Processed** includes all the information used in the inquiry.
- **Insured Demographic** includes Name, date of birth, address and other demographic information. Details returned in this section will vary by health plan.
- **Plan Benefit Information** includes benefit details for service level. Details returned in this section will vary by health plan (See Figure 8). Some health plan eligibility and benefit inquiry responses will contain underlined hyperlinks that provide additional benefit information.

**You may wonder why the search options and benefit detail information is somewhat different for each payer:** some payers allow search by Member number, Subscriber number, Name and Date of Birth; some payers provide lots of benefit details, and some don't.

Each payer organization has its own system and rules for storing and sharing its member data. HealthXnet displays the information provided by the payer and does not manage data for any payer.

### Eligibility Detail

Request Date: Nov 20, 2020 8:18:08 AM
Reference No. IDXTNIOTUAFX

[Begin request for this patient.](#)

---

#### Patient Information

Patient Information	Primary Care Provider
Member ID	Name
Name	Address1
Address	City
City/State/Zip	State
Date of Birth	Zipcode
Gender <b>MALE</b>	Phone
Group ID	
Group Name	

---

#### Plan Benefit Detail

Payer Name <b>New Mexico Medicaid</b>	Eligibility Dates
---------------------------------------	-------------------

#### Benefits

	Emergency Services - In Network
Emergency Services	EMERGENCY ROOM SERVICES (NON-EMERGENCY) - INSTITUTIONAL
Hospital	Co-pay <b>\$150.00</b> Individual (Day) Co-pay <b>\$150.00</b> Individual (Day)
Hospital - Emergency Accident	Co-Insurance <b>20%</b> Individual (Visit) Co-Insurance <b>20%</b> Individual (Visit) EMERGENCY ROOM SERVICES (NON-EMERGENCY) - INSTITUTIONAL DEDUCTIBLE APPLIES BEFORE COPAY
Hospital - Emergency Medical	Deductible <b>\$750.00</b> Individual (Calendar Year) Benefit Begin: 01/01/2021 Deductible <b>\$1500.00</b> Family (Calendar Year) Benefit Begin: 01/01/2021 Deductible <b>\$750.00</b> Individual (Calendar Year) Benefit Begin: 01/01/2021 Deductible <b>\$1500.00</b> Family (Calendar Year) Benefit Begin: 01/01/2021
Hospital - Inpatient	Deductible <b>\$750.00</b> Individual (Remaining) Deductible <b>\$1500.00</b> Family (Remaining) Deductible <b>\$750.00</b> Individual (Remaining) Deductible <b>\$1500.00</b> Family (Remaining)
Hospital - Outpatient	<b>Emergency Services - Out of Network</b>

# CLAIM STATUS INQUIRY

# Claim Status Inquiries



Welcome to HealthXnet, [redacted]

- Home
- Eligibility And Benefits
- Claim Status
- Reports
- Medicaid Batch
- Prior Authorization Archive
- Prior Authorization Request
- Prior Authorization Fax Numbers
- Prior Authorization Management
- Group Administration
- Forms
- Health Plan Status
- Pay My Bill Online

## Home

Hello, [redacted]

 **Click on Claim Status**

### Announcements

### Group Contacts

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HCE Test Facility 2	Adams, Suzanne	(505) 346-0206

## Claim Status Inquiry

After you select **Claims Inquiry** from the menu, you will see the Payer (health plan) selection screen.

1. Select the **Health Plan** from the list.
  1. Search for a health plan using the search field, *or*
  2. Scroll through the list and select a health plan by clicking on the name.
2. Select a **Provider**. The provider selected must be the specific rendering provider for the services. If one of your providers is not available in the pick list, contact HealthXnet Customer Service at [healthxnet@nmhsc.com](mailto:healthxnet@nmhsc.com) or 505-346-0290.
3. **Enter Claim Information** – Begin and End Dates of Service must be selected using the date picker or entered using the format mm/dd/yyyy. The inquiry will return all records where the claim's dates of service fall on or within the range of dates entered in the inquiry. Other information in this section is not required.
4. **Enter Patient Information.**
5. Click on the **Submit** button to process the inquiry.

### Claims Inquiry

Payer	<input style="width: 90%;" type="text" value="AARP"/>	
Provider	<input style="width: 90%;" type="text" value="CHRISTUS ST VINCENT REGIONAL MEDICAL CENTER - 1578587150"/>	
Member ID	<input style="width: 90%;" type="text" value="123123123"/>	
First Name	<input style="width: 90%;" type="text" value="Janice"/>	
Middle Name	<input style="width: 90%;" type="text"/>	
Last Name	<input style="width: 90%;" type="text" value="Doe"/>	
Date of Birth	<input style="width: 60%;" type="text" value="01/01/1960"/>	(mmddyyyy OR mm/dd/yyyy)
Gender	<input style="width: 90%;" type="text" value="Female"/>	
Service From	<input style="width: 60%;" type="text" value="02/01/2022"/>	(mmddyyyy OR mm/dd/yyyy)
Service To	<input style="width: 60%;" type="text" value="02/01/2022"/>	(mmddyyyy OR mm/dd/yyyy)
Submitted Charges	<input style="width: 90%;" type="text" value="125.00"/>	

# Claim Status Inquiry Results

- Home
- Eligibility And Benefits
- Claim Status
- Reports
- My Permissions
- Net Exchange Batch
- Prior Authorization Request
- Prior Authorization Test
- Prior Authorization Management
- Eligibility Test
- Provider Signatures
- Prior Authorization Archive
- Prior Authorization Fax Numbers
- Group Administration
- Forms
- Health Plan Status
- Pay My Bill Online
- User Guide
- My Profile
- Change Password
- Logout

## Claim Status Detail

[Print Page](#)

Claim Status Date **Oct 13, 2022 11:59:23 AM**  
 Provider **KOCH, ERIC (1053373456)**

### Subscriber

Subscriber Name **SUBSCRLASTNAME, SUBSCRFIRSTNAME**      Member ID **0123456789**      Patient Acct No. **9876543210**

### Claim Information

Claim Number **WX1842022100**      Service Dates **10/27/2021 to 10/31/2021**  
 Payer (ID) **Blue Cross of New Mexico ()**      Payer Contact  
 Bill Type      Paid Date **11/12/2021**  
 Total Billed **\$680.00**      Check Number **3450021**  
 Total Paid **\$545.13 CHK**      Voucher ID  
 Status Date **11/12/2021**

Entity  
 Status Category **Finalized/Payment-The claim/line has been paid. (F1)**  
 Status Code **Claim/line has been paid. (65)**

### Claim Service Lines

[Hide Service Line Detail](#)

Rev Code	Proc Code	Modifiers	Units	Billed	Paid	Service Dates	Status
1	99223		1	\$220.00	\$174.53	10/27/2021 - 10/27/2021	Finalized/Payment-The claim/line has been paid.

Status Date **11/12/2021**      Service Type **HC**      Service Description      **99223**

#### Entity

Status Category **Finalized/Payment-The claim/line has been paid. (F1)**  
 Status Code **Claim/line has been paid. (65)**

Rev Code	Proc Code	Modifiers	Units	Billed	Paid	Service Dates	Status
2	99233		1	\$115.00	\$92.65	10/28/2021 - 10/28/2021	Finalized/Payment-The claim/line has been paid.

Status Date **11/12/2021**      Service Type **HC**      Service Description      **99233**

#### Entity



# MEDICAID BATCH FOR SELF PAY

# Medicaid Batch for Self Pay

### Medicaid Batch

Medicaid Batch File Upload

[Medicaid Eligibility Batch Template](#)

**Step 1**

Batch File  No file chosen

---

Medicaid Batch File Submission

**Step 2**

Medicaid State

Provider ID

Batch File  (Read Only)

---

Batch File Status & Retrieval

**Step 3**

File Name	Batch ID	Status	Last Viewed/By	Created	Updated
-----------	----------	--------	----------------	---------	---------

Select Medicaid Eligibility Batch Template

Select Medicaid State Provider ID

## Medicaid Batch Template

Columns A through H are required fields

A	B	C	D	E	F	G	H
Subscriber ID	Subscriber SSN	Subscriber First Name	Subscriber Mid Init	Subscriber Last Name	Subscriber Gender	Subscriber DOB	Date of Service
111111111	222222222	First	M	Last	M	6/20/1991	6/22/2022

Excel and other spreadsheet programs typically remove leading zeroes from number fields by default.

This template includes special formatting to retain leading zeroes for values manually entered into the Social Security Number field.

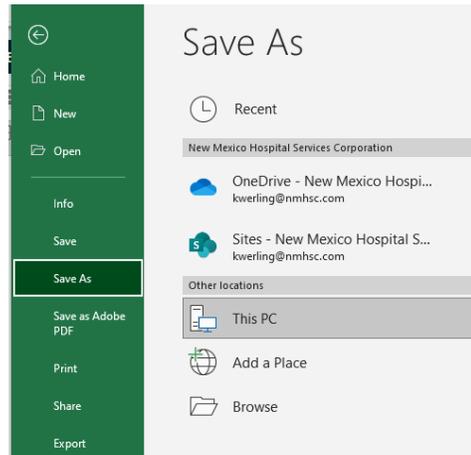
- Subscriber ID retains leading zeroes if applicable
- SSN retains leading zeroes if applicable
- Date of Birth format is m/d/yyyy
- Date of Service format is m/d/yyyy

No matter how you choose to create the CSV Batch Medicaid file, please ensure the formatting you have selected allows for number fields to retain leading zeros if applicable. Dropped leading zeroes in submitted records can result in a “Subscriber Not Found” response from the Medicaid system processing your inquiry.

# How to Use This Template to Create a Batch File

Enter data in the HealthXnet Batch File Template tab

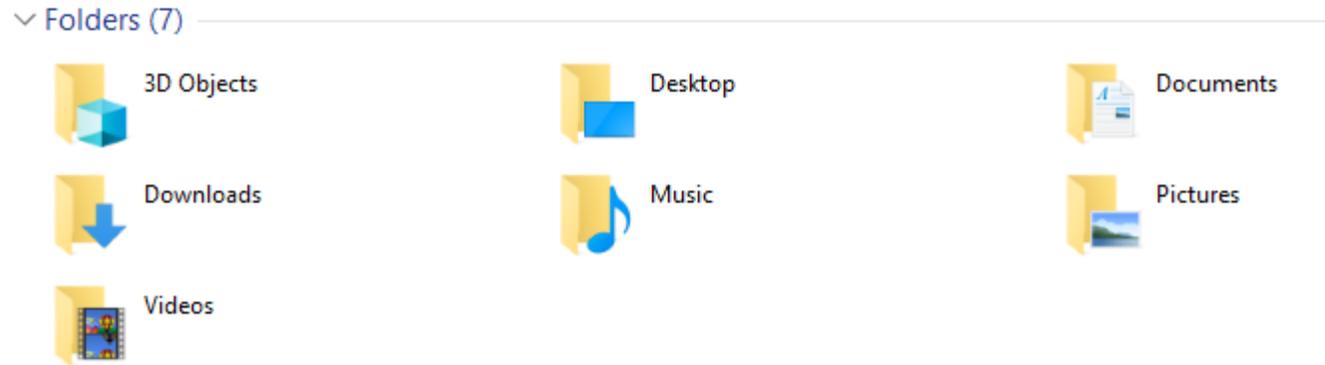
	A	B	C	D	E	F	G	H
1	Subscriber ID	Subscriber SSN	Subscriber First Name	Subscriber Mid Init	Subscriber Last Name	Subscriber Gender	Subscriber DOB	Date of Service
2		012345670	Joe	M	Test	M	5/5/1910	5/5/2022
3	1234567890						1/1/1925	4/23/2022
4			Mary		Test		2/2/1975	8/1/2021
5								



From the HealthXnet Batch File Template tab, select **File | Save As**

## Saving Batch Template

Select **Browse**. This will open a new window with your available files and folders.



**Make sure “Save as type” has “CSV (Comma delimited)” selected. Save the file in the location you choose.**

Your CSV batch file has been created.

NOTE: The Medicaid Batch file can take up to 24 hours to receive a batch result file depending how large the file is.

# Batch File Results

TrackingId	PayerId	SubscriberLastName	SubscriberFirstName	Subscriber	SubscriberDOB	Subscriber	SubscriberId	Date Of Se	Status	Status 2
2	New Mexico Medicaid				11/28/2011	M			Not found	Invalid/Missing Subscriber/Insured IC
3	New Mexico Medicaid				12/20/2007	M			Eligible	Active - Full Risk Capitation
4	New Mexico Medicaid				7/14/2012	M			Eligible	Active - Full Risk Capitation
5	New Mexico Medicaid				3/18/2010	F			Eligible	Active - Full Risk Capitation
6	New Mexico Medicaid				8/1/2005	M			Eligible	Active - Full Risk Capitation
7	New Mexico Medicaid				11/18/2009	M			Eligible	Active - Full Risk Capitation
8	New Mexico Medicaid				7/24/2011	F			Eligible	Active - Full Risk Capitation
9	New Mexico Medicaid				1/1/2009	M			Eligible	Active - Full Risk Capitation
10	New Mexico Medicaid				2/17/2008	F			Eligible	Active - Full Risk Capitation
11	New Mexico Medicaid				2/11/2012	M			Eligible	Active - Full Risk Capitation
12	New Mexico Medicaid				11/5/2013	F			Eligible	Active - Full Risk Capitation
13	New Mexico Medicaid				2/4/2013	F			Not found	Invalid/Missing Subscriber/Insured IC
14	New Mexico Medicaid				4/29/2010	F			Not found	Invalid/Missing Subscriber/Insured IC
15	New Mexico Medicaid				3/10/2006	M			Eligible	Active - Full Risk Capitation
16	New Mexico Medicaid				6/22/2007	F			Eligible	Active - Full Risk Capitation
17	New Mexico Medicaid				5/10/2017	F			Eligible	Active - Full Risk Capitation
18	New Mexico Medicaid				4/24/2008	F			Eligible	Active - Full Risk Capitation
19	New Mexico Medicaid				9/15/2005	F			Eligible	Active - Full Risk Capitation
20	New Mexico Medicaid				4/11/2014	F			Eligible	Active - Full Risk Capitation
21	New Mexico Medicaid				3/16/2010	F			Eligible	Active - Full Risk Capitation
22	New Mexico Medicaid				4/19/2016	F			Not found	Invalid/Missing Subscriber/Insured IC
23	New Mexico Medicaid				5/31/2006	M			Eligible	Active - Full Risk Capitation
24	New Mexico Medicaid				8/1/2009	M			Inactive	Inactive
25	New Mexico Medicaid				3/13/2007	F			Inactive	Inactive

## Batch File results cont.

The Batch file result returns Category Code and MCO (Managed Care Organization) information.

The blank spaces were not found.

CATEGORY CODE	MCO
Centennial Care Managed Care Program - 401	BLUE CROSS BLUE SHIELD OF NM
Centennial Care Managed Care Program - 401	BLUE CROSS BLUE SHIELD OF NM
Centennial Care Managed Care Program - 401	BLUE CROSS BLUE SHIELD OF NM
Centennial Care Managed Care Program - 401	BLUE CROSS BLUE SHIELD OF NM
Centennial Care Managed Care Program - 401	BLUE CROSS BLUE SHIELD OF NM
Centennial Care Managed Care Program - 403	WESTERN SKY COMMUNITY CARE
Centennial Care Managed Care Program - 004	BLUE CROSS BLUE SHIELD OF NM
Centennial Care Managed Care Program - 401	BLUE CROSS BLUE SHIELD OF NM
Centennial Care Managed Care Program - 401	BLUE CROSS BLUE SHIELD OF NM
Centennial Care Managed Care Program - 403	BLUE CROSS BLUE SHIELD OF NM
Centennial Care Managed Care Program - 401	PRESBYTERIAN HEALTH PLAN
Centennial Care Managed Care Program - 401	BLUE CROSS BLUE SHIELD OF NM
Centennial Care Managed Care Program - 400	BLUE CROSS BLUE SHIELD OF NM
Centennial Care Managed Care Program - 401	WESTERN SKY COMMUNITY CARE
Centennial Care Managed Care Program - 401	PRESBYTERIAN HEALTH PLAN
Centennial Care Managed Care Program - 401	BLUE CROSS BLUE SHIELD OF NM
Centennial Care Managed Care Program - 401	BLUE CROSS BLUE SHIELD OF NM
Centennial Care Managed Care Program - 401	WESTERN SKY COMMUNITY CARE
Centennial Care Managed Care Program - 401	BLUE CROSS BLUE SHIELD OF NM

# HEALTH PLAN STATUS

# Health Plan Status



- Home
- Eligibility And Benefits
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- Reports
- Medicaid Batch
- Prior Authorization Archive
- Prior Authorization Request
- Prior Authorization Fax Numbers
- Prior Authorization Management
- Group Administration
- Forms
- Health Plan Status
- Pay My Bill Online
- User Guide
- Change password
- Logout



**HealthXnet utilizes two Partner Clearinghouses to provide eligibility and benefits for many health plans.**

**The clearinghouses notify us throughout the day when a health plan experiences connectivity difficulties so we can post updates in HealthXnet Monday through Friday.**

**Click to view health plan outages.**



## Status of the independent Health Plan systems

### The following payers report connectivity issues:

Health plans may have system issues at any time that cause connectivity problems, or "timeout" issues. We update this page if we are notified by the health plan about an issue in their system. However, sometimes health plans don't notify us that their system may be experiencing timeout issues.



Health Plan	Current Status	Last Modified Time
Utah Medicaid	Intermittent	05-Jan-2022 10:41:07
TRICARE	Intermittent	05-Jan-2022 10:40:54
Magellan Behavioral Health	Intermittent	05-Jan-2022 10:39:54
Blue Cross Medicare Advantage	Intermittent	05-Jan-2022 10:39:23

Health plans below the red line will show the current status.

If the health plan disappears from the list, the connectivity issue has been resolved.

# HEALTHXNET GROUP REPORTS

# Running Reports in HealthXnet



- Home
- Eligibility And Benefits
- Claim Status
- Reports



From the Menu, click the 'Reports' button

## Reports

Please select the report from the list:

- |   |  |
|---|--|
| <a href="#">Group Authorized Contacts</a> | <a href="#">Group High Volume Users</a>  |
| <a href="#">Group Members</a>             | <a href="#">Group Par Non-Par Report</a> |
| <a href="#">Group Providers</a>           | <a href="#">Group Summary By Payer</a>   |
| <a href="#">Group Summary By User</a>     |  |

List of available HealthXnet reports. Click on the desired report

# Running HealthXnet Reports

## Group Summary By User

This report displays a summary of transactions by user ID for the chosen group and date range.

Group

UNM Health Sciences Center

Start Date

End Date

Report Format

HTML  PDF  CSV  XLS

Run report

**Your group name will appear**

**Enter start and end dates**

**Click to select report format**

There are different report formats.

Select from:

- HTML
- PDF
- CSV
- XLS

## Reports: Summary by User Results

### Summary By User for HCE Test Facility 2

Date Range: 05/01/2022 -05/31/2022

User ID	Name	Status	Last Login	Claims	Eligibility	Medicaid	Total
cyr	Cyr B	Y	05/10/2022	0	0	0	0
hceabby	Abby Van Gerpen	Y		0	0	0	0
hcebear	bernadette armijo	Y		0	0	0	0
hcebear2	Debbie Armijo	N		0	0	0	0
hcechris	Christina Rico	Y		0	0	0	0
hcekev1	Kevin Werling	Y	05/31/2022	23	24	0	47
hcemosc	Scott Mozeley	Y		0	0	0	0
hcepamo	Patty Mora	Y	05/31/2022	0	0	0	0
hcescott	Scott Mozeley	Y		0	0	0	0
hcesua	Suzanne Adams	Y		0	0	0	0
hcesuad	suzanne adams	Y	05/18/2022	0	0	0	0
hctest	Test Tester	Y		0	0	0	0
hctest1	Kev Werl	Y		0	0	0	0
ivank	Ivan Kiselev	Y		0	0	0	0
johnC	John Canavan	Y		0	0	0	0
jonhC	John Canavan	Y		0	0	0	0
raq	Robert Quinn	Y		0	0	0	0
raq321	Bob Loblaw	Y		0	0	0	0
roman	Roman Piatrou	Y		0	0	0	0
suzanne	Suzanne Adams	Y	05/27/2022	0	6	0	6
Total				23	30	0	53

## Summary By Payer for HCE Test Facility 2

Date Range: 05/01/2022 -05/31/2022

Payer	Claims	Eligibility	PreAuth	Medicaid	Total
AARP	0	0	0	0	0
Advantage by Bridgeway Health Solutions	0	0	0	0	0
Advantage by Superior HealthPlan	0	0	0	0	0
Aetna	2	0	0	0	2
Aetna Better Health - Texas	0	0	0	0	0
Aetna Better Health - Texas CHIP	0	0	0	0	0
Aflac	0	0	0	0	0
Aflac Dental	0	0	0	0	0
Aflac Medicare Supplemental	0	0	0	0	0
Alabama Medicaid	0	0	0	0	0
Altius Health Plans	0	0	0	0	0
AmeriBen	0	0	0	0	0
American Postal Workers Union	0	0	0	0	0
Amerigroup	0	0	0	0	0
Arizona Medicaid	0	0	0	0	0
Arizona Physicians IPA	0	0	0	0	0
Arkansas Medicaid	0	0	0	0	0
Banner Health	0	0	0	0	0
Best Choice Health Plan	0	0	0	0	0
Blue Cross Blue Shield of Arizona	0	0	0	0	0
Blue Cross Blue Shield of Colorado	0	0	0	0	0
Blue Cross Blue Shield of Florida	0	0	0	0	0

## HealthXnet Customer Service Desk

Monday - Friday, 8:00am - 5:00pm MT

Phone: (505) 346-0290

Toll Free: (866) 676-0290

Email: [healthxnet@nmhsc.com](mailto:healthxnet@nmhsc.com)

## HealthXnet Customer Satisfaction Survey

We would love to hear from you! Let us know about your HealthXnet experience with a 5 minute [survey](#).

