HealthXnet User Guide 2022/2023

Table of Contents

General

Getting Started in HealthXnet
- User ID and Password
- Disclaimer Notice

Group Contacts
- What is a Group Contact?
- Group Administration
- Reactivating Users and/or changing passwords
- Creating New Users

Eligibility Inquiries
- HealthXnet Home Page
- Eligibility and Benefit Verifications
- Eligibility inquiry results

Claim Status Inquiry
- Claim Status Results

Batch Medicaid for Self Pay
- Batch Medicaid Template
- Saving a Batch Medicaid Template
- Batch Medicaid Results

Health Plan Status

HealthXnet Group Reports

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.

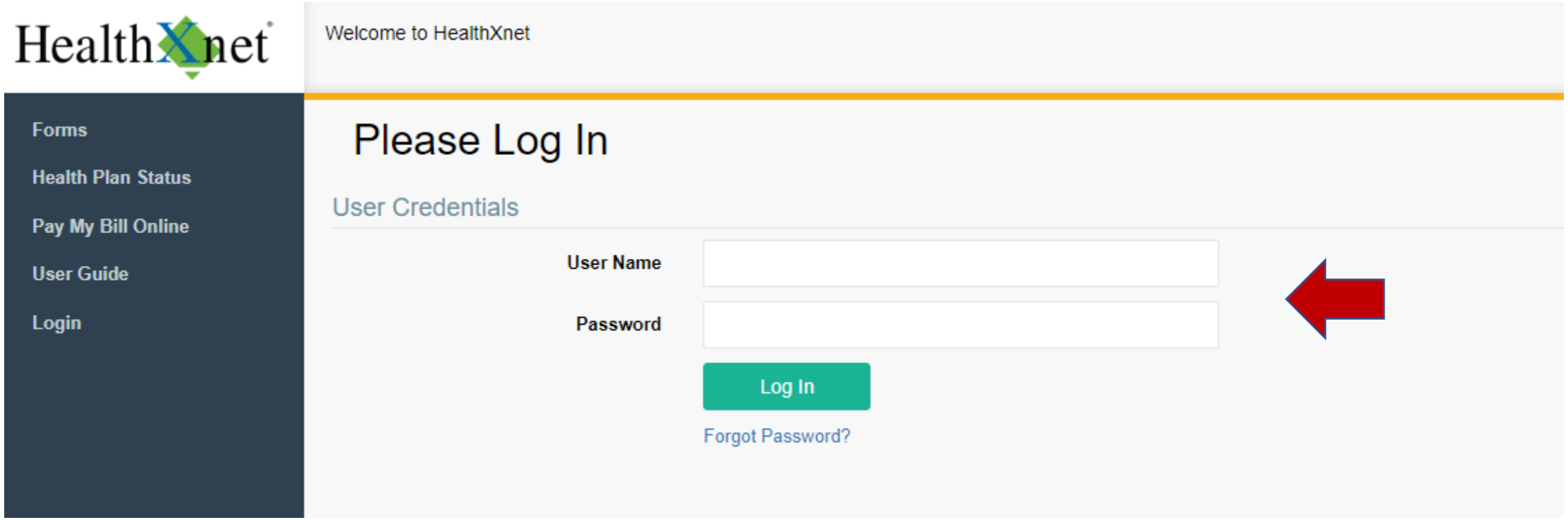
Health plan availability may be affected by scheduled or unscheduled system maintenance by the health plans. **Some health plans regularly schedule outages to allow for maintenance. Scheduled outages typically occur late night, or on the weekends when usage is often lowest**. The HealthXnet Status page 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



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:

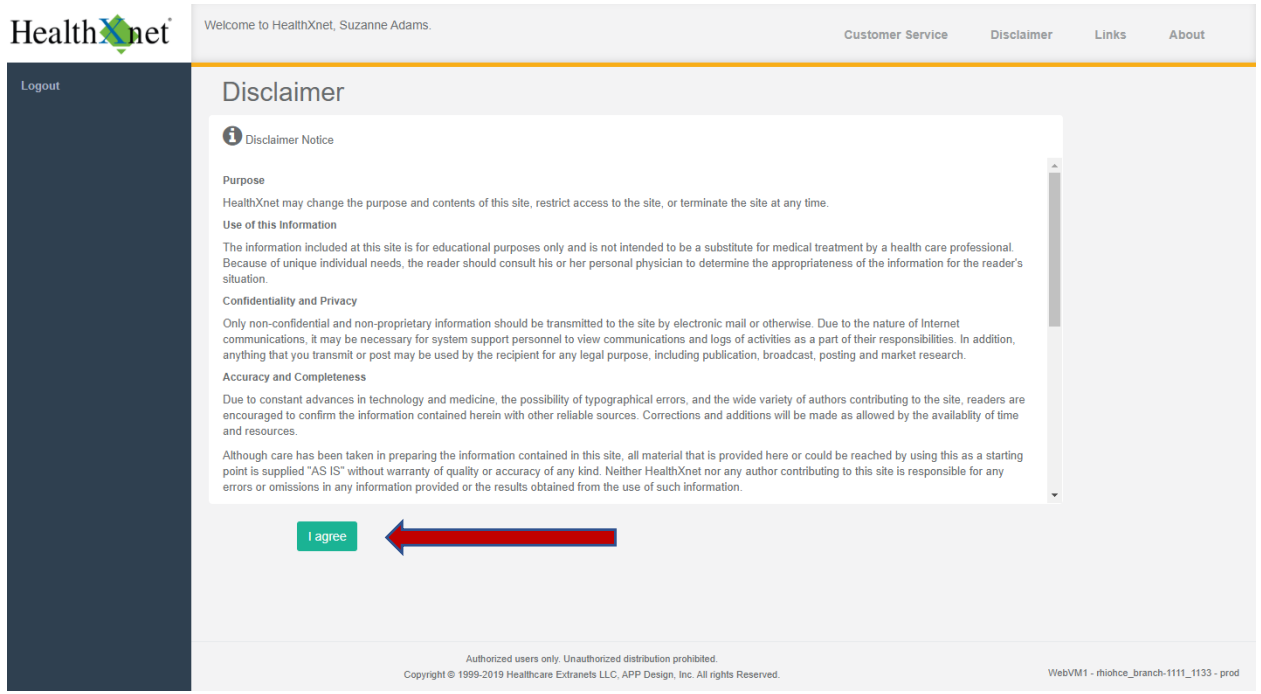
- **Sharing logins with others is not recommended**
- **Log out of HealthXnet when you are not using it**
- **Be careful to not save user information to a temporary computer device**

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



GROUP CONTACTS

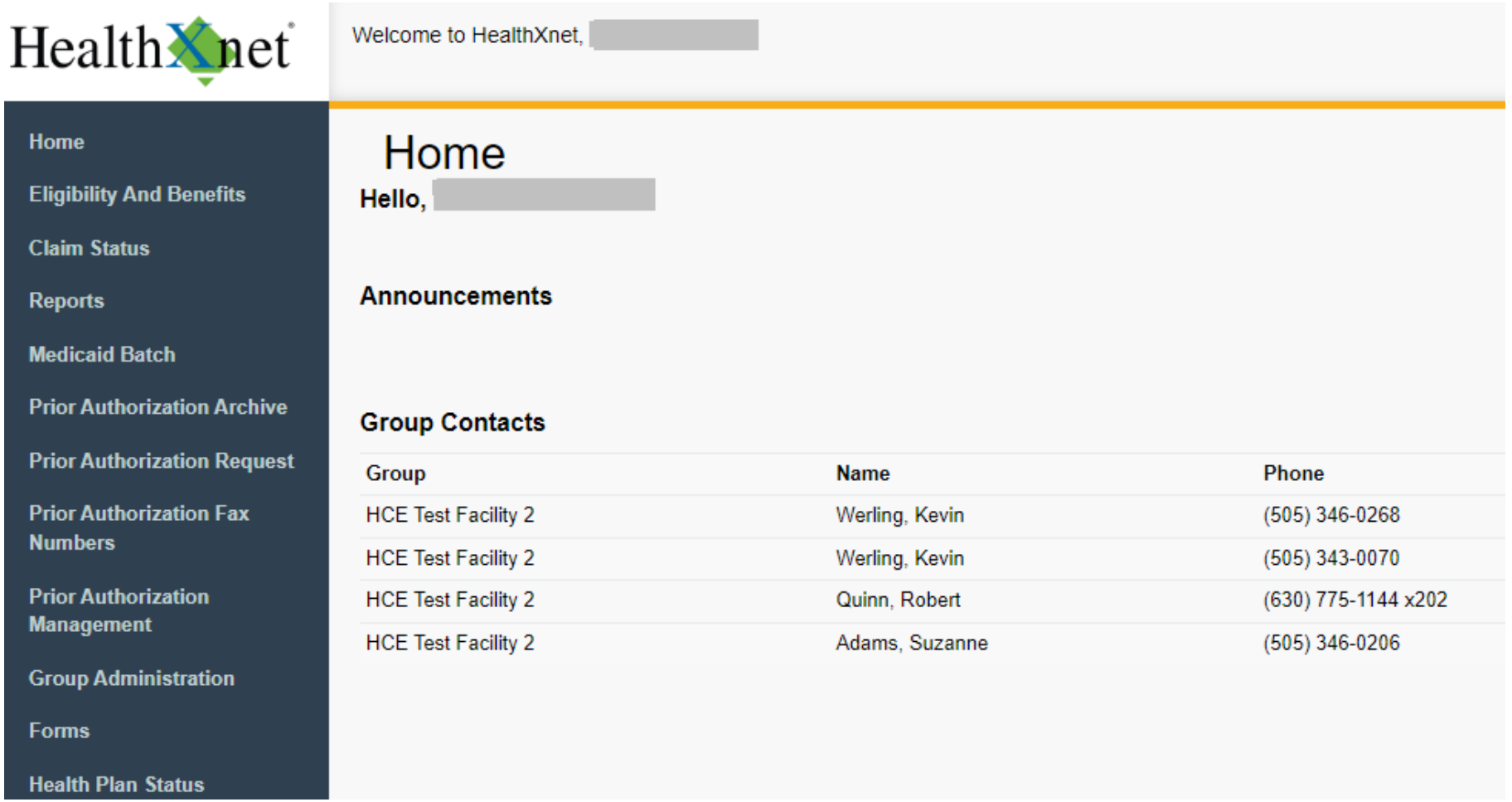
What is a Group Contact?

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



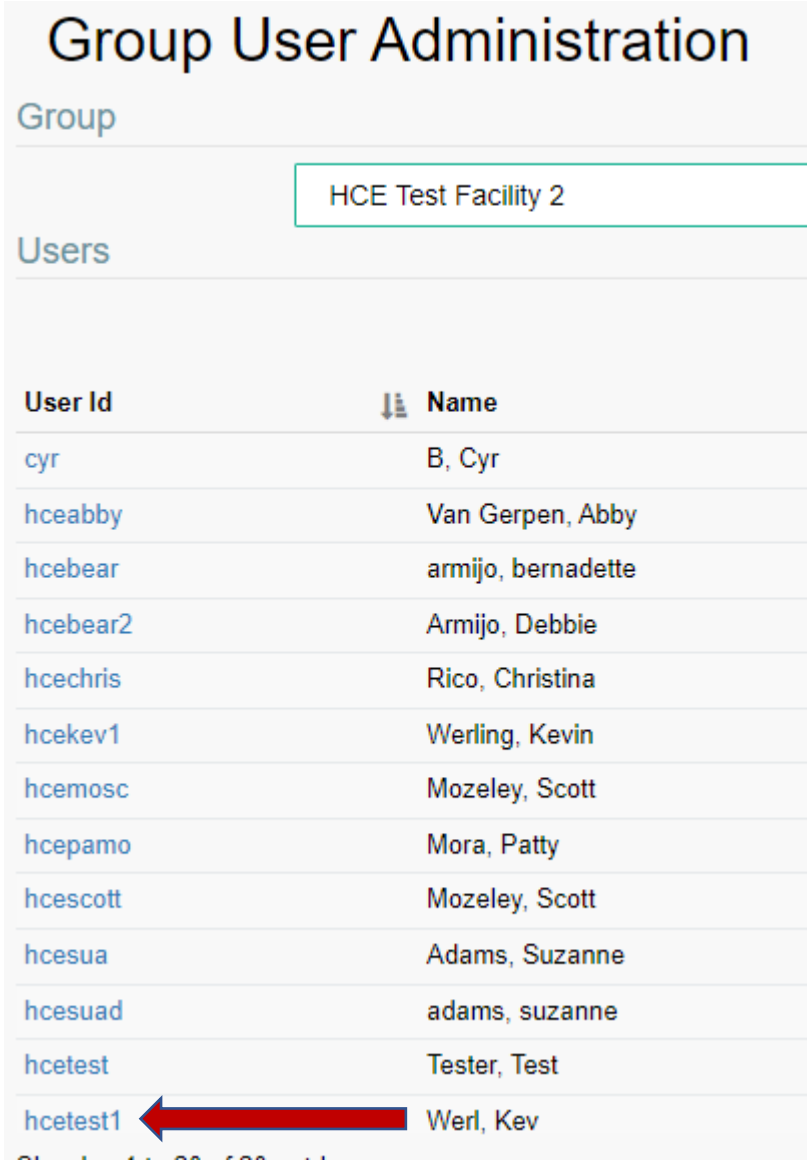
A list of your Group Contacts will show on the Welcome Page. Group Contacts are able to unlock users, change passwords and create new users

From the HealthXnet Menu

Select – Group Administration

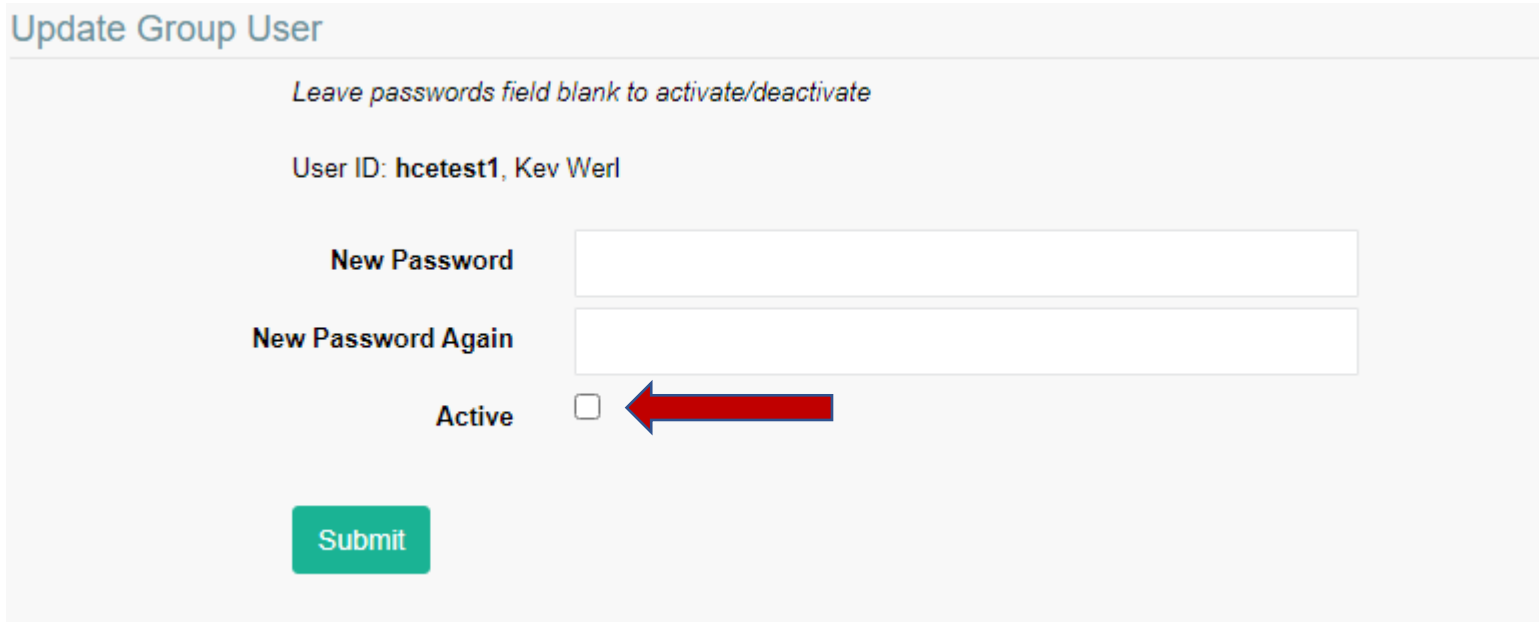
- **Click on Group Administration**

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



Click on the blue User ID to open

Reactivating User and New Password



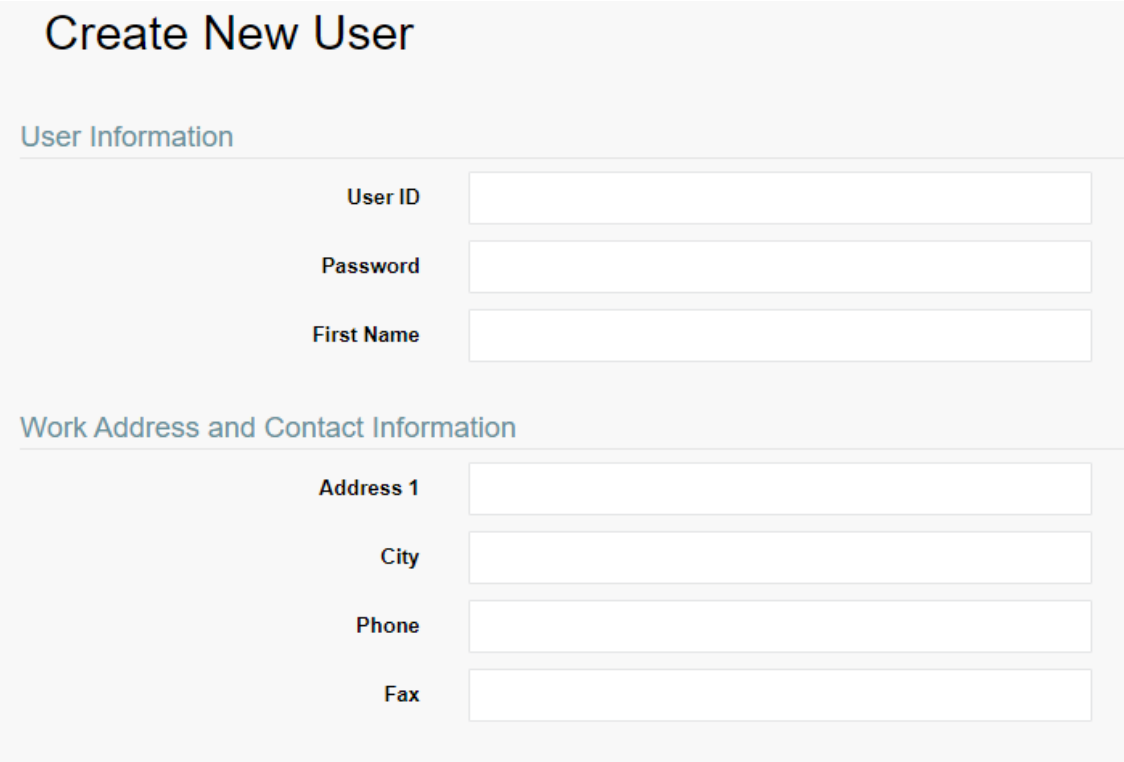
Click the Active Box to reactivate account and enter a new password – twice then click ‘Submit’.
The HealthXnet user will now be able to login with the new password.

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

Creating a New User

Click the ‘Create New User’ box at the end of the user list

User ID



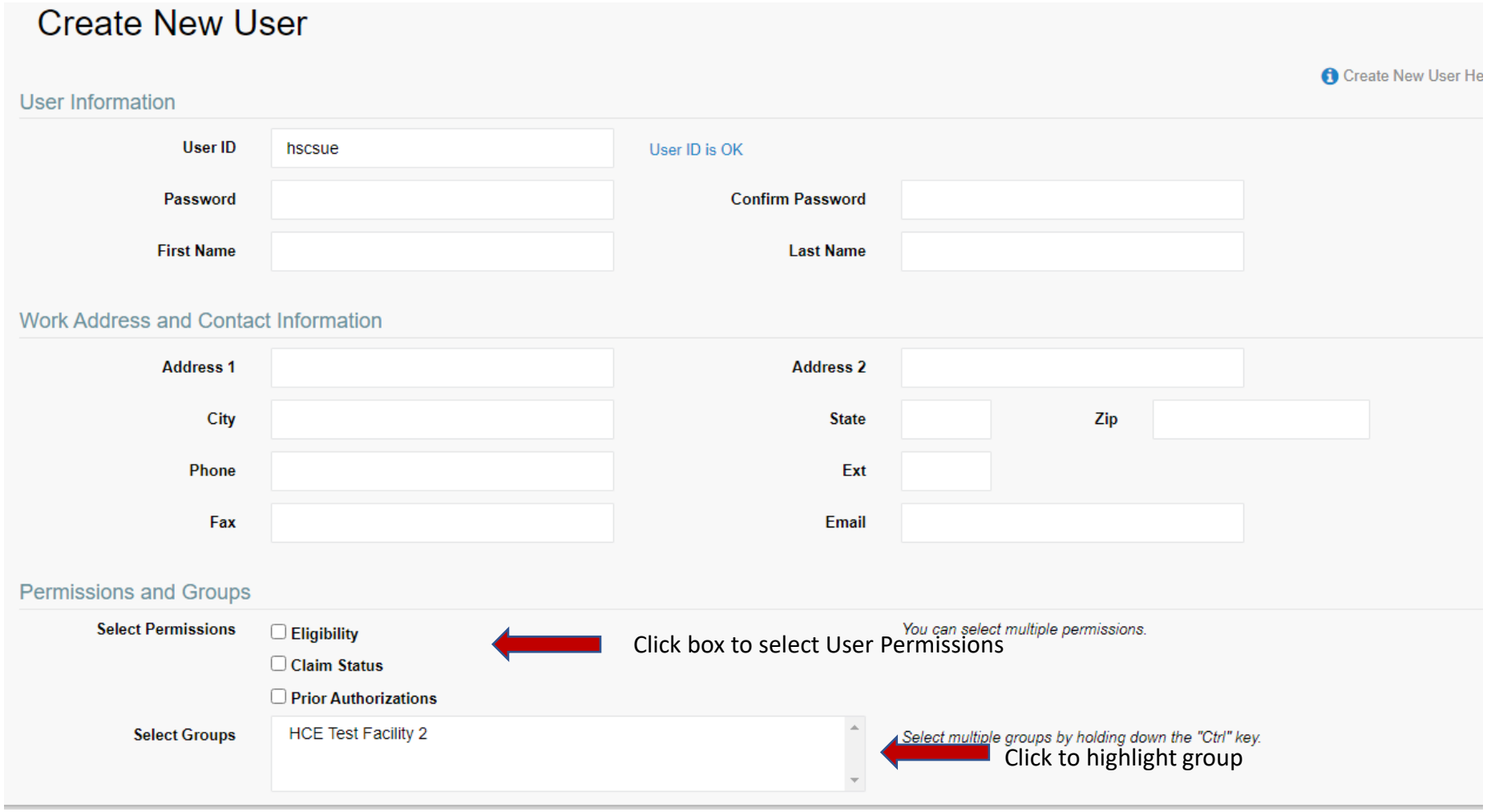
User ID is NOT available.
User ID is OK

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

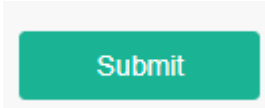
1. The User ID should be in line with other users for your group. For example: If the name of your practice is: White Bear Lake Clinic, the prefix could be **wblc** then a combination of the first two letters of the first name, and first two letters of the last name - **wblcsuza**
2. The password is 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



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.**



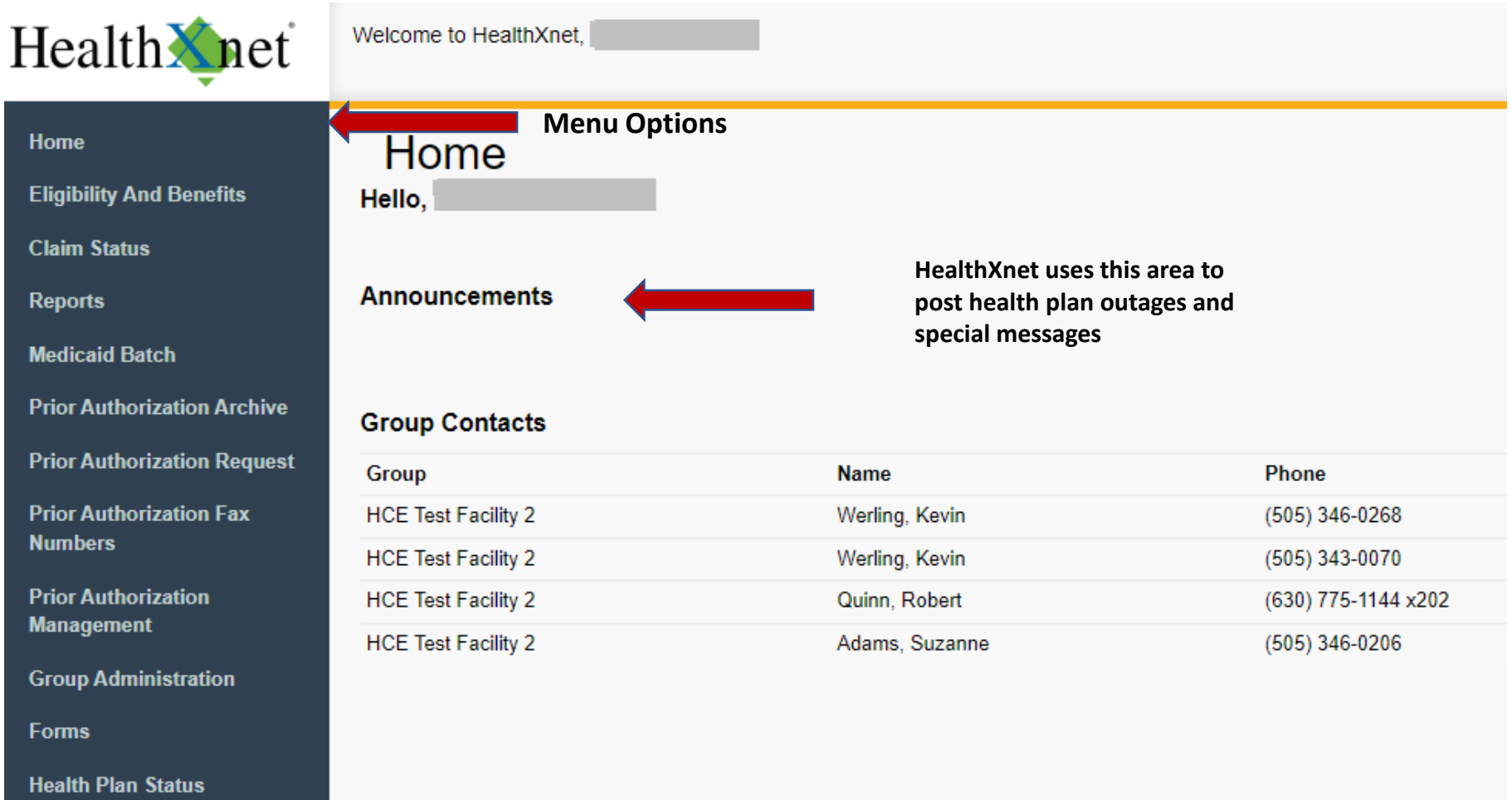
Final step – Click 'Submit'

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.

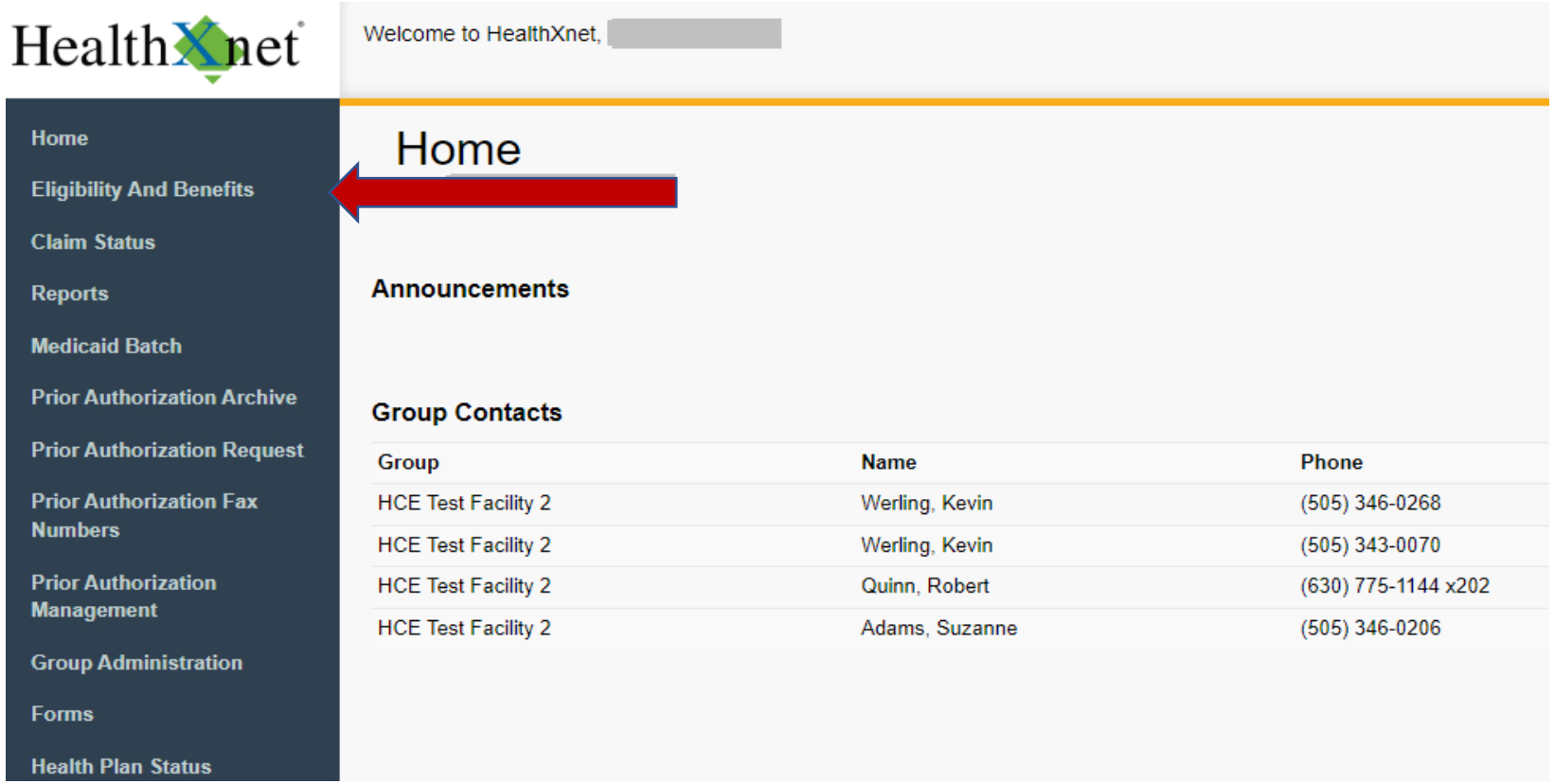


ELIGIBILITY VERIFICATION

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

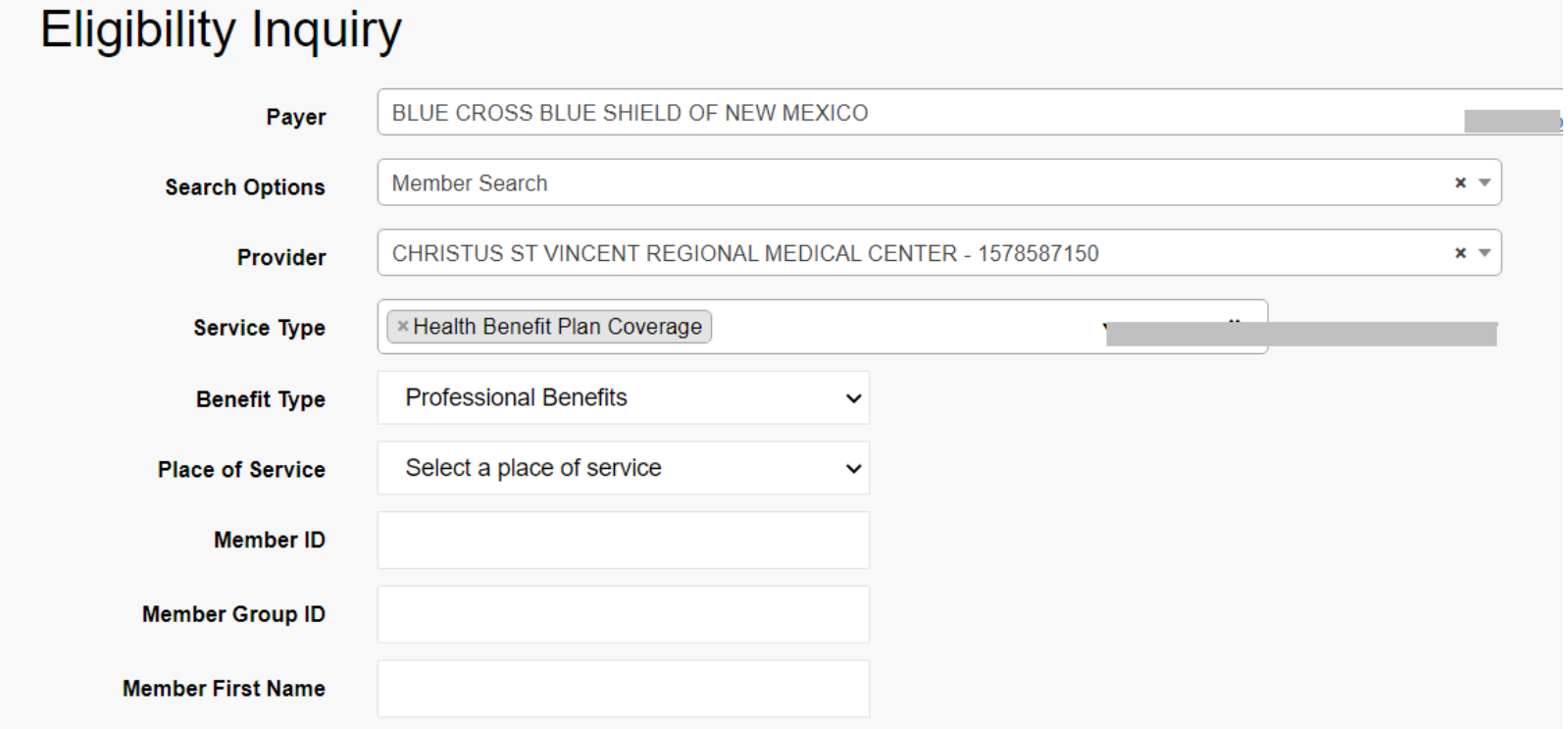
Example:

*** Eligibility and Benefits**



HealthXnet opens the screen below:

Eligibility Inquiry



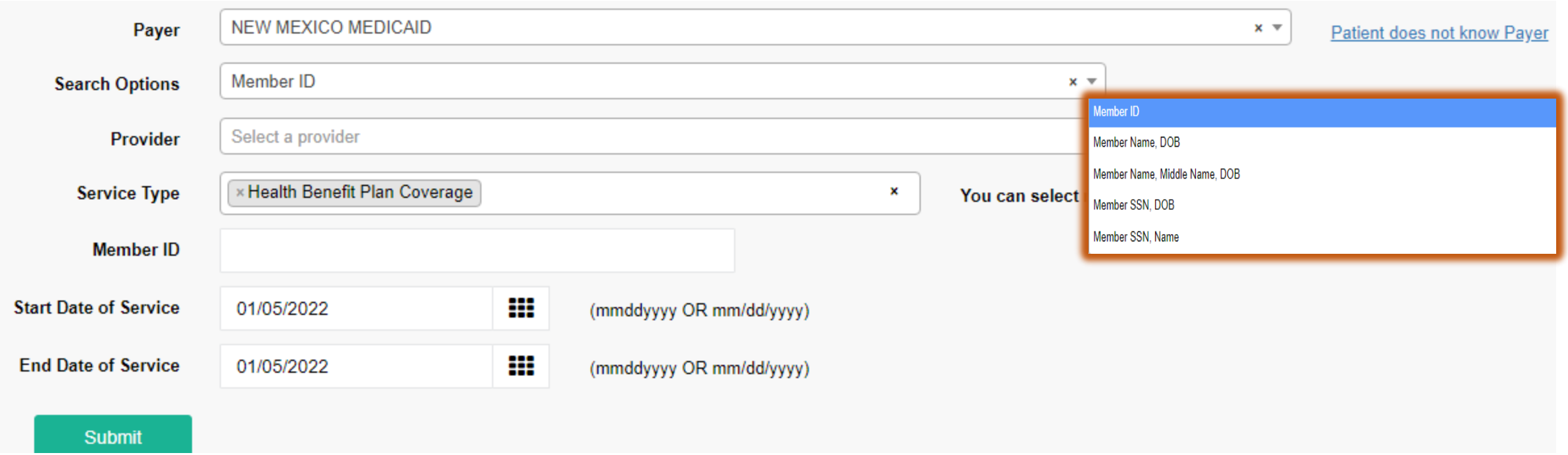
Double click the arrow for a list of health plans OR you can begin typing in the box to narrow the search

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



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

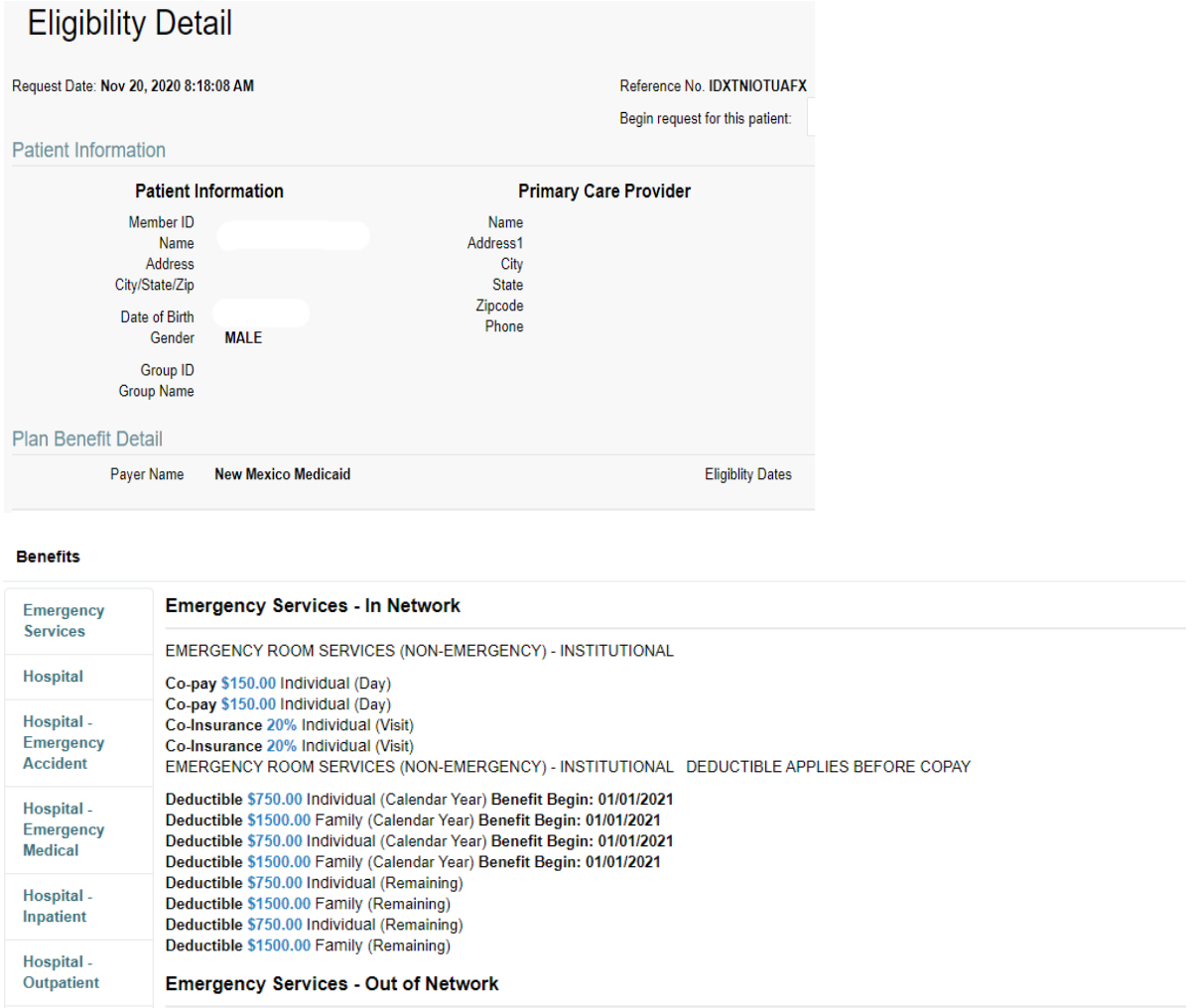
Eligibility Inquiry Results

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	MALE	Phone	
Group ID			
Group Name			

Plan Benefit Detail

Payer Name **New Mexico Medicaid** Eligiblity Dates

Benefits

Emergency Services

Hospital

Hospital - Emergency Accident

Hospital - Emergency Medical

Hospital - Inpatient

Hospital - Outpatient

Emergency Services - In Network

EMERGENCY ROOM SERVICES (NON-EMERGENCY) - INSTITUTIONAL

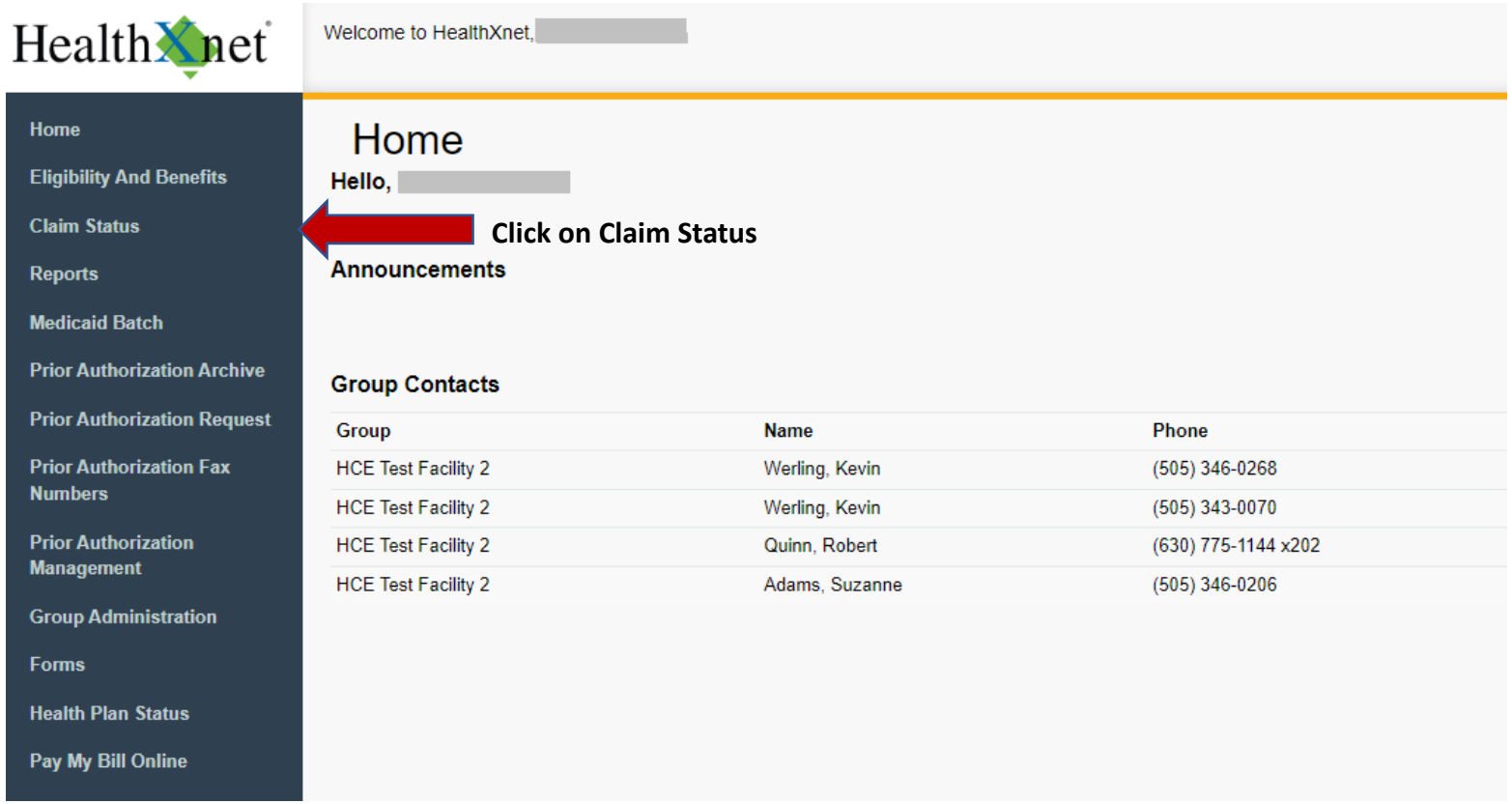
Co-pay $150.00 Individual (Day)
Co-pay $150.00 Individual (Day)
Co-Insurance 20% Individual (Visit)
Co-Insurance 20% Individual (Visit)
EMERGENCY ROOM SERVICES (NON-EMERGENCY) - INSTITUTIONAL DEDUCTIBLE APPLIES BEFORE COPAY

Deductible $750.00 Individual (Calendar Year) **Benefit Begin: 01/01/2021**
Deductible $1500.00 Family (Calendar Year) **Benefit Begin: 01/01/2021**
Deductible $750.00 Individual (Calendar Year) **Benefit Begin: 01/01/2021**
Deductible $1500.00 Family (Calendar Year) **Benefit Begin: 01/01/2021**
Deductible $750.00 Individual (Remaining)
Deductible $1500.00 Family (Remaining)
Deductible $750.00 Individual (Remaining)
Deductible $1500.00 Family (Remaining)

Emergency Services - Out of Network

CLAIM STATUS INQUIRY

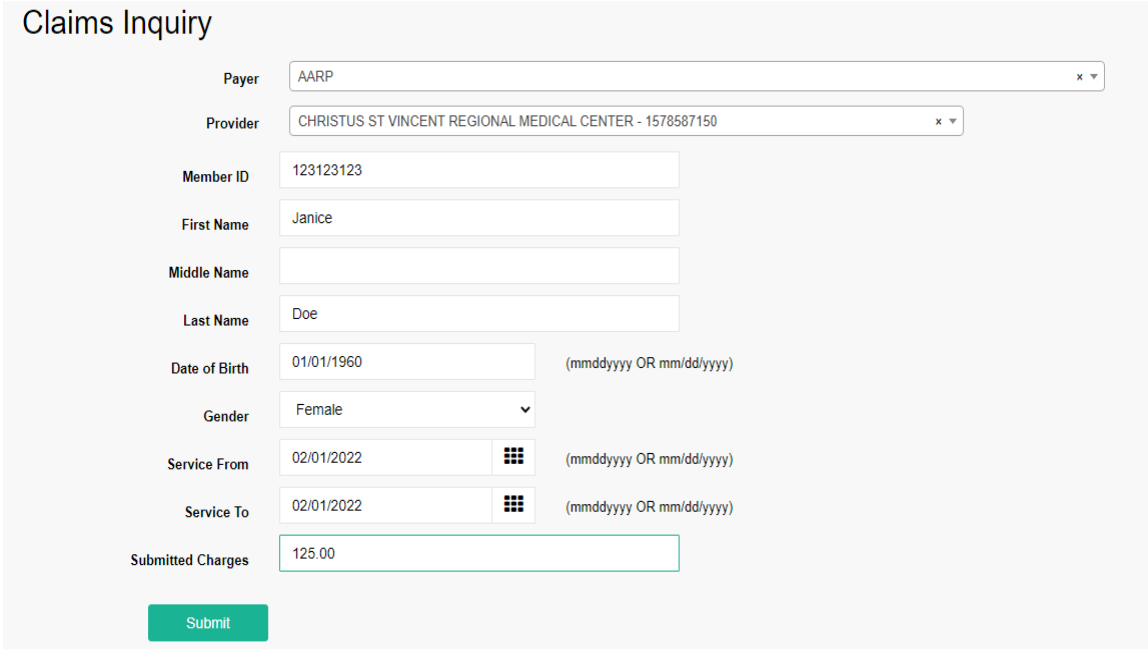
Claim Status Inquiries



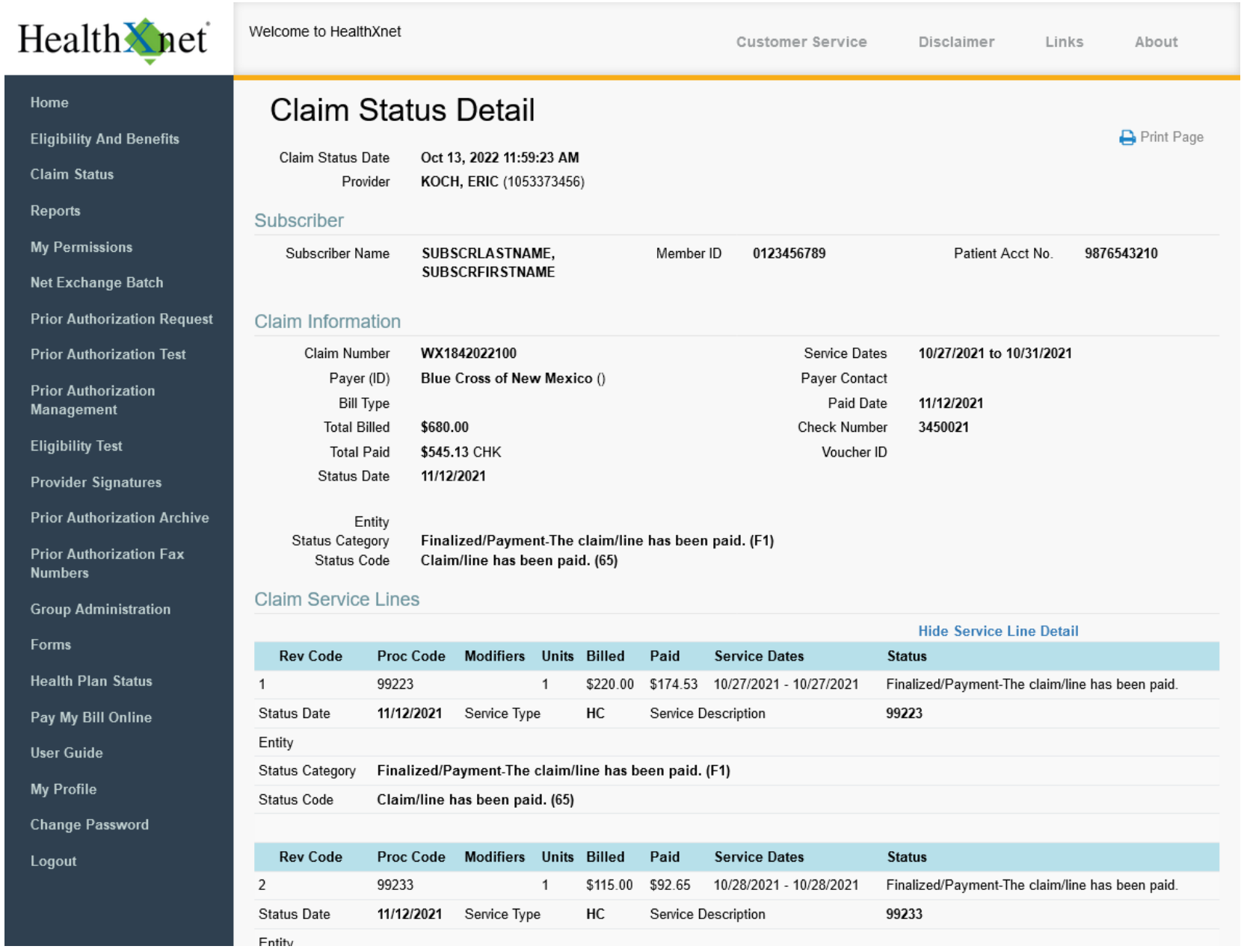
Claim Status Inquiry

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 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.



Claim Status Inquiry Results



HealthXnet

Welcome to HealthXnet

Customer Service | Disclaimer | Links | About

- 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**
Payer (ID): **Blue Cross of New Mexico** ()
Bill Type:
Total Billed: **$680.00**
Total Paid: **$545.13** CHK
Status Date: **11/12/2021**

Service Dates: **10/27/2021 to 10/31/2021**
Payer Contact:
Paid Date: **11/12/2021**
Check Number: **3450021**
Voucher ID:

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)**						

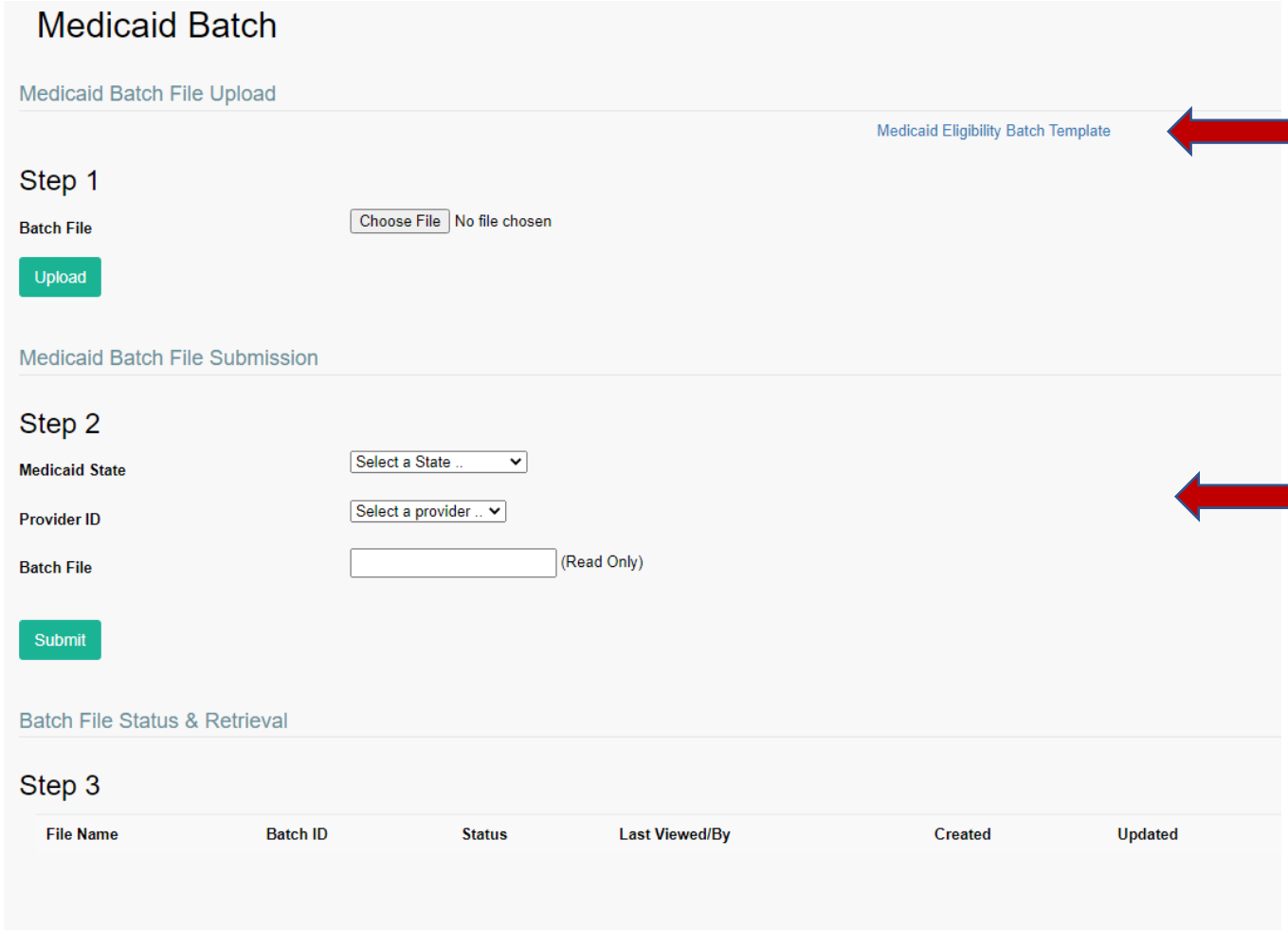
Rev Code	Proc Code	Modifiers	Units	Billed	Paid	Service Dates	Status
2	99233		1	$115.00	$92.65	10/28/2021 - 10/28/2021	Finalized/Payment-The claim/line has been paid.
Status Date	**11/12/2021**	Service Type		**HC**	Service Description		**99233**
Entity							

HealthXnet

HSC efficient

MEDICAID BATCH FOR SELF PAY

Medicaid Batch for Self Pay



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.

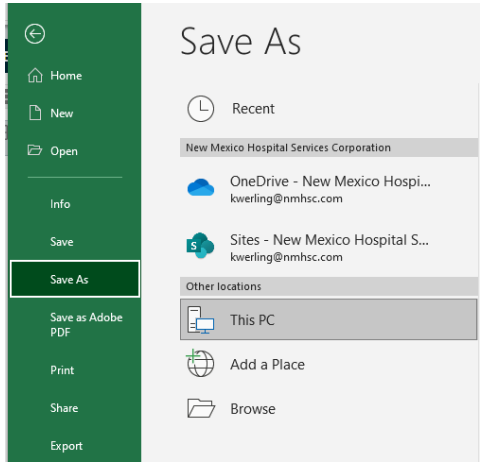
- Subscriber ID retains leading zeroes if applicable
- SSN retains leading zeroes if applicable
- Date of Birth format is m/d/yyyy
- Date of Service format is m/d/yyyy

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

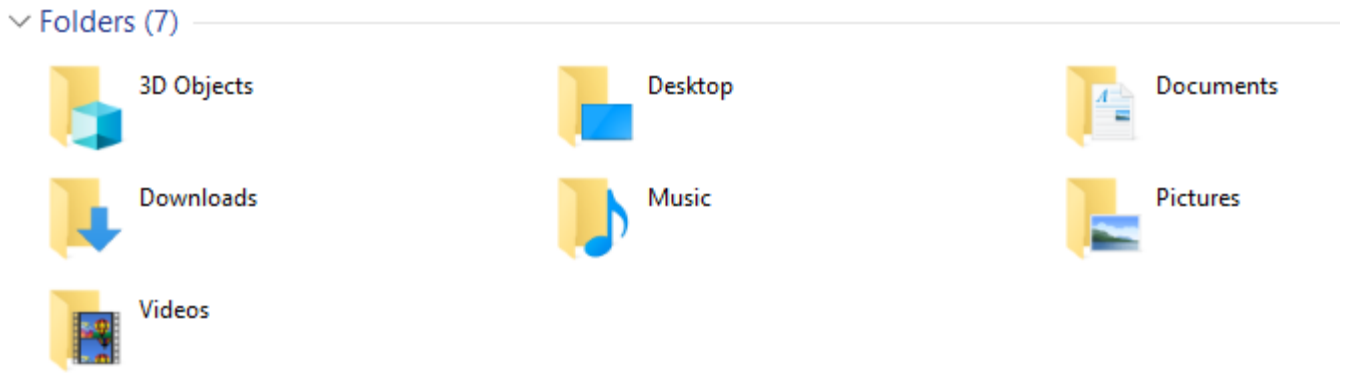
	A	B	C	D	E	F	G	H
1	Subscriber ID	Subscriber SSN	Subscriber First Name	Subscriber Mid Init	Subscriber Last Name	Subscriber Gender	Subscriber DOB	Date of Service
2		012345670	Joe	M	Test	M	5/5/1910	5/5/2022
3	1234567890						1/1/1925	4/23/2022
4			Mary		Test		2/2/1975	8/1/2021
5								



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 ID
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 ID
14	New Mexico Medicaid				4/29/2010	F			Not found	Invalid/Missing Subscriber/Insured ID
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 ID
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.

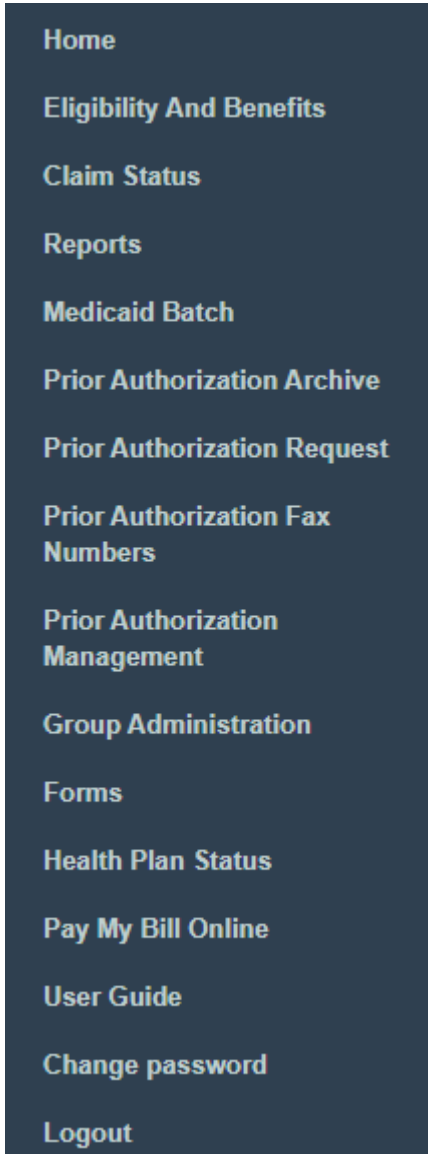
The Batch file result returns Category Code and MCO (Managed Care Organization) information.

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



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.

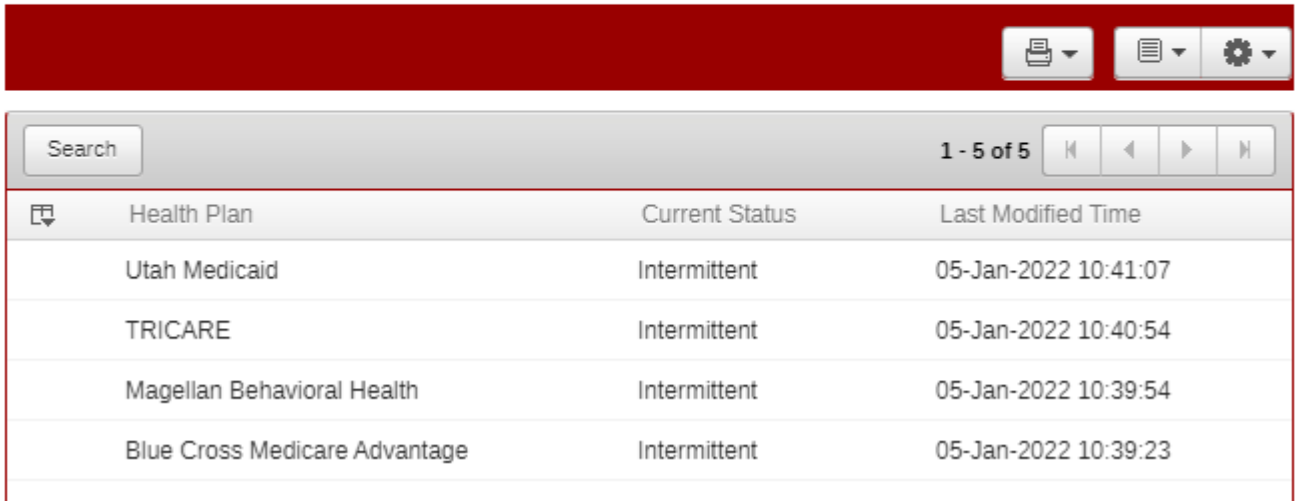
Click to view health plan outages.

Health Plan Status Updates

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.



Search

1 - 5 of 5

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

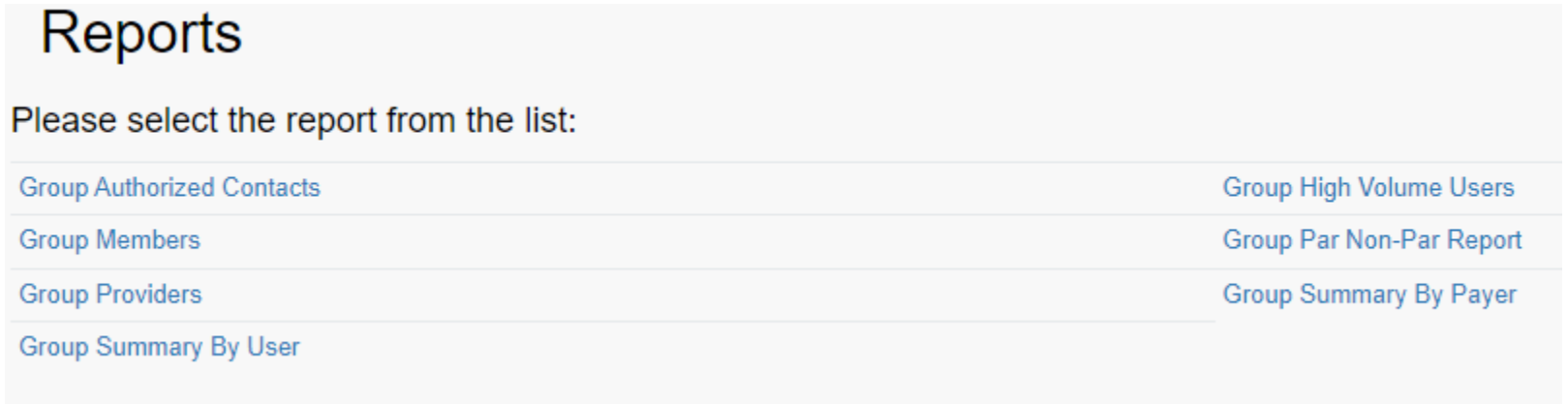
Health plans below the red line will show the current status.

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

HEALTHXNET GROUP REPORTS

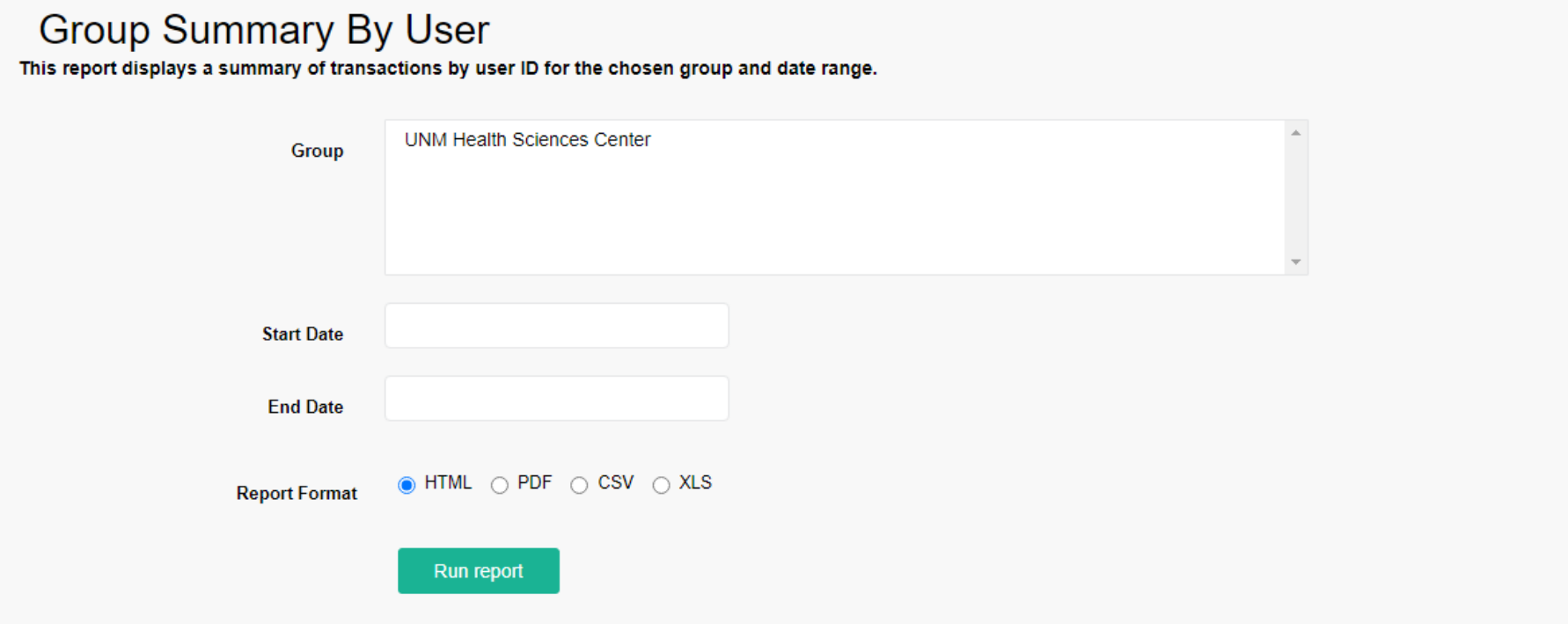
Running Reports in HealthXnet

From the Menu, click the 'Reports' button



List of available HealthXnet reports. Click on the desired report

Running HealthXnet Reports



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
hcetest	Test Tester	Y		0	0	0	0
hcetest1	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

Reports: Summary by Payer Results

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

HealthXnet Customer Satisfaction Survey

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