HealthXnet User Guide

November 2019

Version 1.0

HealthXnet®

HSC

HOSPITAL SERVICES CORPORATION

DOCUMENT REVISONS

Date	Version Number	Document Changes
11/25/2019	1.0	Final

TABLE OF CONTENTS

SECTION ONE

OVERVIEW

HealthXnet provides a single website and login to access multiple health plan systems to obtain eligibility and benefits, claim status, and prior authorization management. HealthXnet does not store, maintain, or update patient information on behalf of any health plan.

HOURS OF AVAILABILITY

HealthXnet 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 plan. Some health plans have regularly scheduled outages to allow for maintenance. Scheduled outages typically occur late at night or on the weekends when usage is often lowest. The HealthXnet Status page lists scheduled maintenance activities of the health plans if HealthXnet has been notified. HealthXnet Customer Service will also post updates of unscheduled payer outages or connectivity issues as we become aware of them.

GETTING STARTED

Visit www.healthxnet.com

Hover over the login button to view the dropdown menu

Enter a user ID and password on the login page.
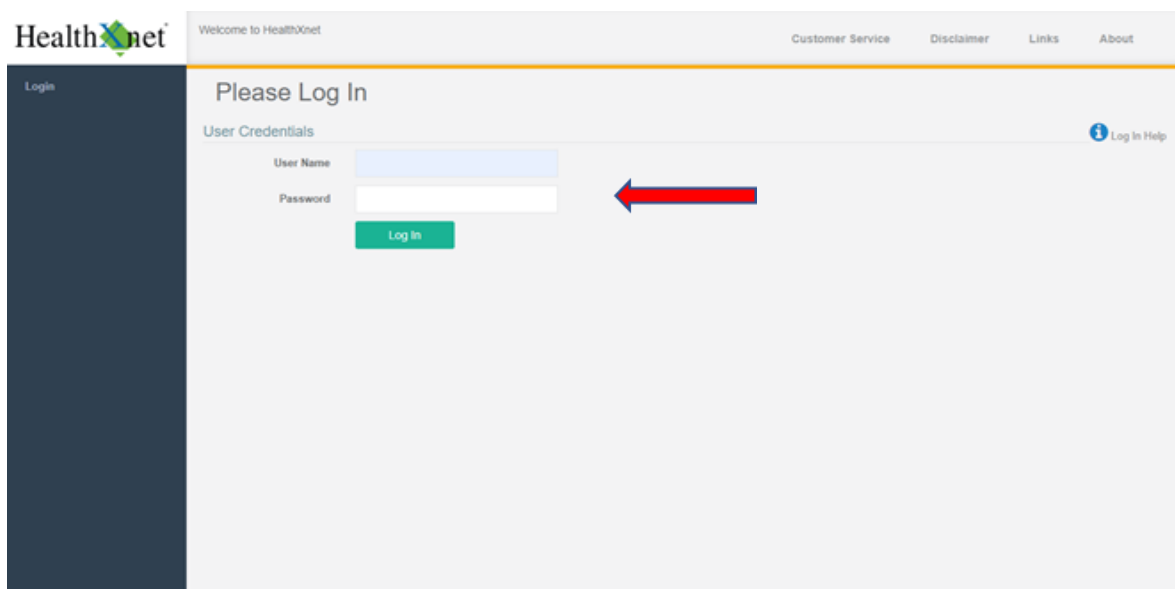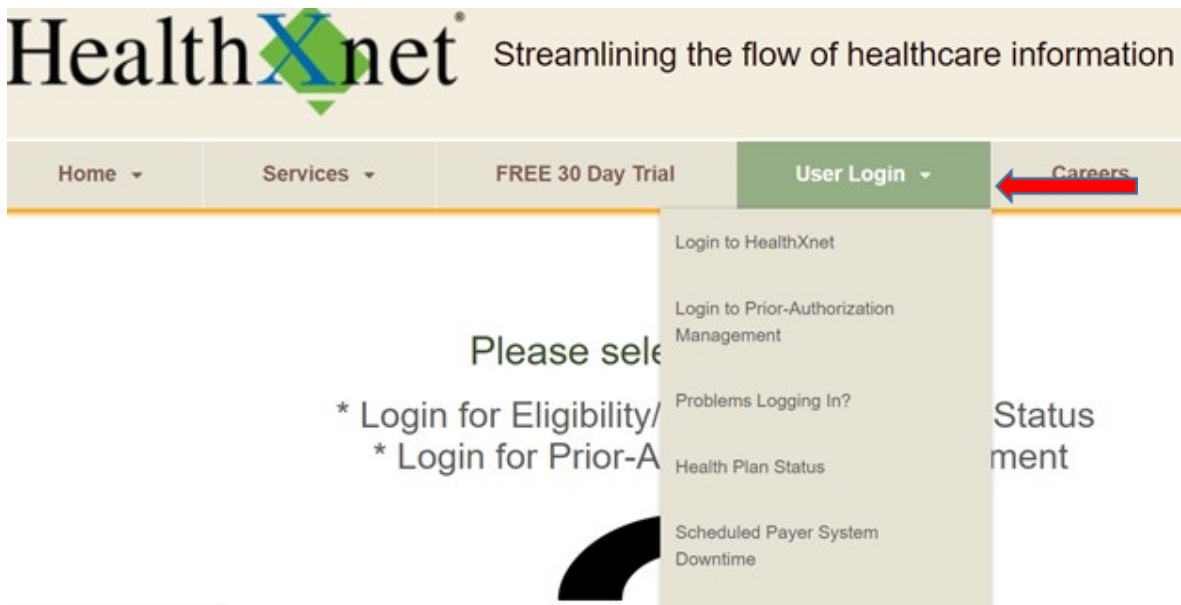
HEALTHXNET USER ID AND PASSWORD

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

Do not share your HealthXnet User ID or Password with anyone

User IDs

Each user should have a unique user ID. The user ID is assigned by your on-site Authorized Requestors 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.

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:

- **Never share your login with another user.**
- **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.
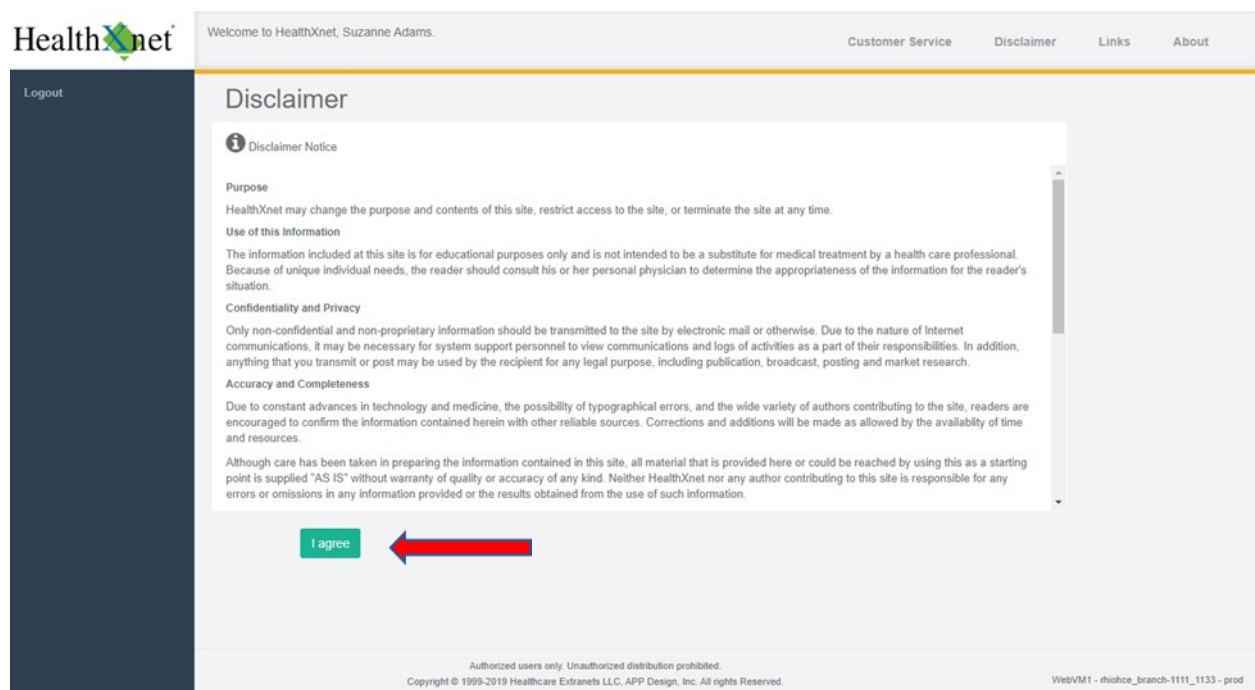
The HealthXnet Home Page

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

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

When a user logs into HealthXnet, **Authorized Requestors** for your clinic will display on the HealthXnet Welcome screen as shown above.

System alerts and other useful information is displayed in the middle of the welcome screen.

The **Change Password** option is located on the left hand of the application. Click to change your password. Users will be prompted to change their passwords every 90 days.

Menu options appears on the left. Menu options depend on the level of access that has been granted by the Authorized Requestor.

HEALTHXNET APPLICATION

HEALTHXNET APPLICATION

- To select an inquiry type, click on the menu item text on the left side.

- To go back a page, click the back arrow on the left of the screen.

- To print a screen, click on Print Screen. Print from the browser tool bar or File menu.

- You may logout by clicking on the Logout button.

- Access help files by clicking the right side of your screen .

- The system will automatically terminate your session if it has been left idle for 40 minutes. It will be necessary to log in again.

SECTION TWO
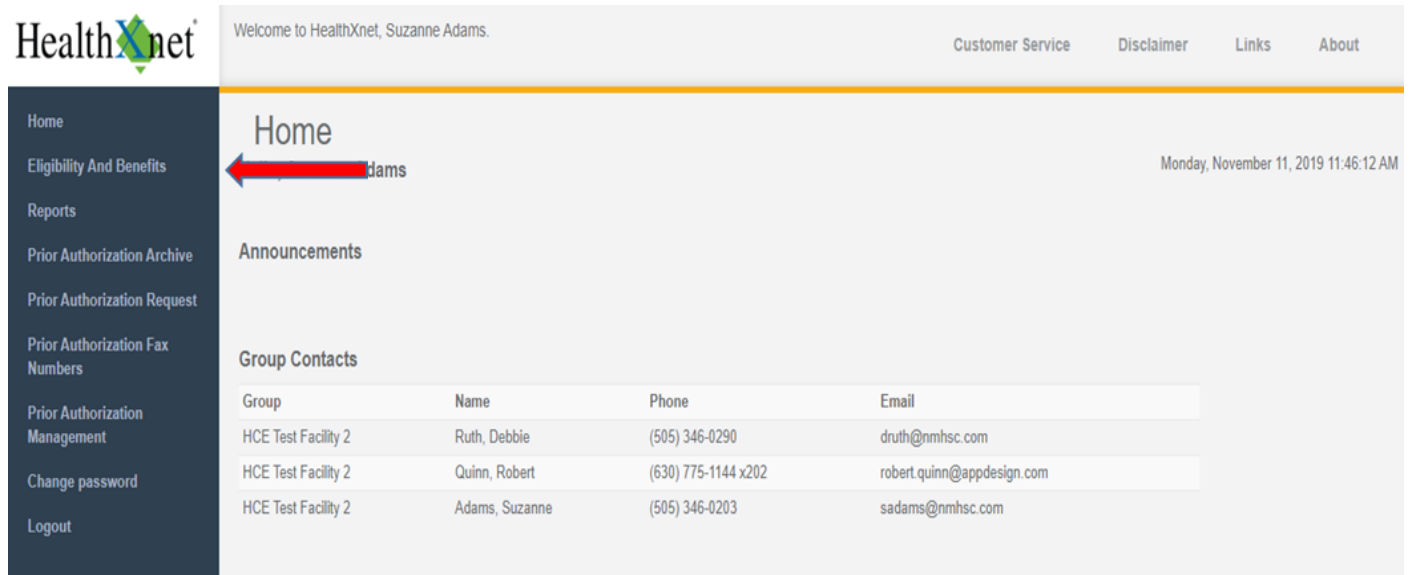
ELIGIBILITY VERIFICATION

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

Example:

- **Eligibility and Benefits**
- **Claim Status Inquiries**
- **Prior Authorization Request**
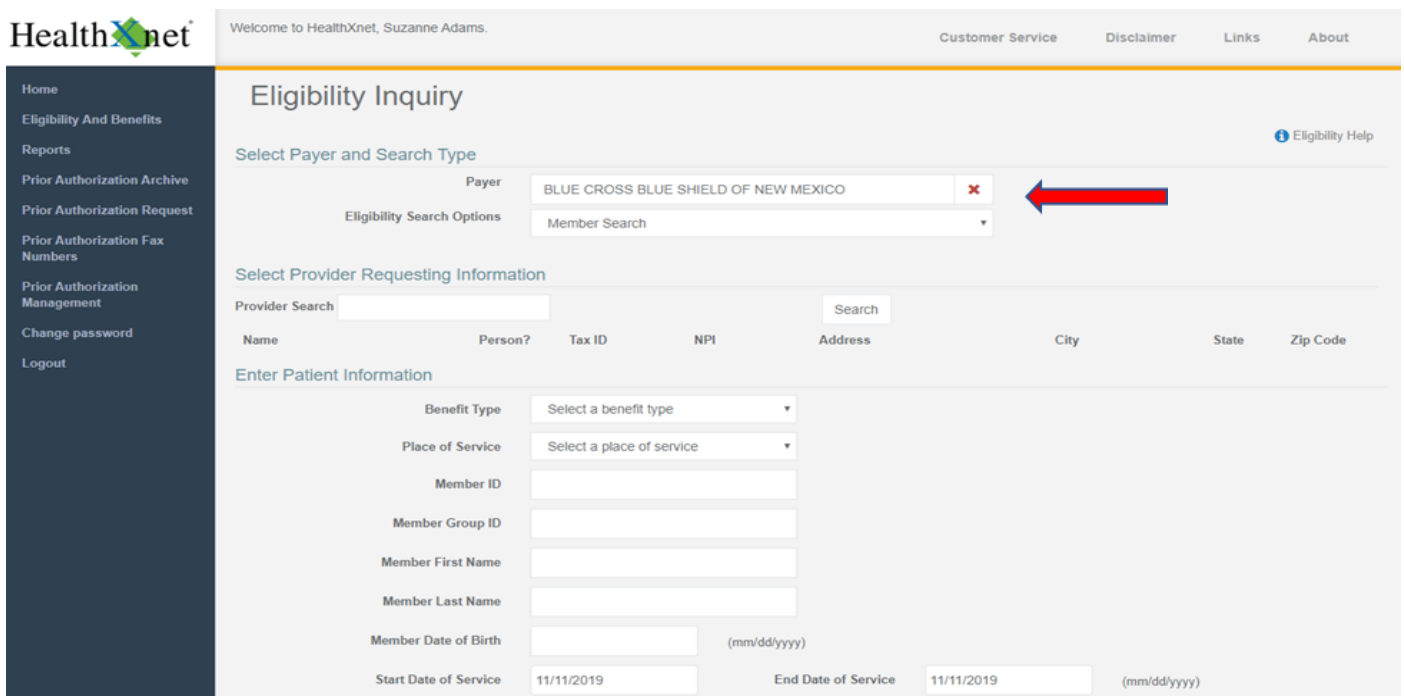
HealthXnet opens the screen below:

To select a health plan, **double click** the red 'X' box for a drop-down health plan menu. Type in a few letters of the health plan name, then click on the desired health plan.

Click on **Eligibility Search Options** to view the drop-down for other ways to run eligibility inquiries.

Eligibility Search Options

Eligibility Inquiry Required Information

Type in the required information by the health plan.

Enter **required patient information** including selecting Service Type

Service type defaults to 'Health Benefit Plan Coverage'.   Scroll down to find the desired **Service Type** .

Click 'Submit'.

New Medicaid Inquiry Screen

Eligibility Inquiry

🛈 Eligibility Help

Select Payer and Search Type

Payer	NEW MEXICO MEDICAID ✖
Eligibility Search Options	Member Name, DOB ▾

Select Provider Requesting Information

Provider Search [_____]   Search

Name	Person?	Tax ID	NPI	Address	City	State	Zip Code

Enter Patient Information

Member First Name	[_____]
Member Last Name	[_____]
Member Date of Birth	[_____] (mm/dd/yyyy)
Start Date of Service	11/13/2019 End Date of Service 11/13/2019 (mm/dd/yyyy)
Service Type	Health Benefit Plan Coverage

Hold down the CTRL or Option key to select multiple service types.

Submit

Eligibility Detail New Mexico Medicaid

Request Date: **Nov 11, 2019 1:08:23 PM** Print Page

Insured Demographics

Patient Information

Member ID   1J55K0MJ0110

Name   Mickey Mouse

Address   123 Anywhere Street

Birth Date   01/01/1960

Gender   Male

Payer BLUE CROSS BLUE SHIELD OF NEW MEXICO - MEDICAID 24X7

Medicaid returns Lock-in payer (MCO) and Medicaid eligibility codes

True Health New Mexico Inquiry Screen

Member ID	Name	Birth Date	Relation	Plan	Eff. Date	Term. Date
G500005851002	BOB SMITH	07/06/1959	SPOUSE		01/01/2019	
G500005851002	BOB SMITH	07/06/1959	SPOUSE		01/01/2018	12/31/2018

For current benefits, be sure to select the Member ID without a term date.

Eligibility Detail

Eligibility Detail True Health New Mexico

Patient Information

Member ID   G600115867

Name   Bob Smith

Address   1234 Anywhere Street

Phone   505-246-2244

Birth Date   07/06/1959

Gender: Male

Relationship **SPOUSE**

Group ID   GT1011022

True Health New Mexico Inquiry Screen

Summary of Benefits

Plan Name

True Select Gold C HMO

In Network Deductible (Individual/Family)

$2,000/$4,000

Plan Number

4277619006000400

In Network Out of Pocket Max (Individual/Family)

$7,900/$15,800

Plan Type

HMO

Out of Network Deductible (Individual/Family)

Not Covered

PCP Physician Visit Copay

$35

True Health Benefits Cont.

Specialty Copay

$65

Out of Network Out of Pocket Max (Individual/Family)

Not Covered

Emergency Room

$750

Full Member Benefit Summary

http://www.truehealthnewmexico.com/true_sel_gold_c_hmo_sg_on_2019.pdf

Urgent Care Copay
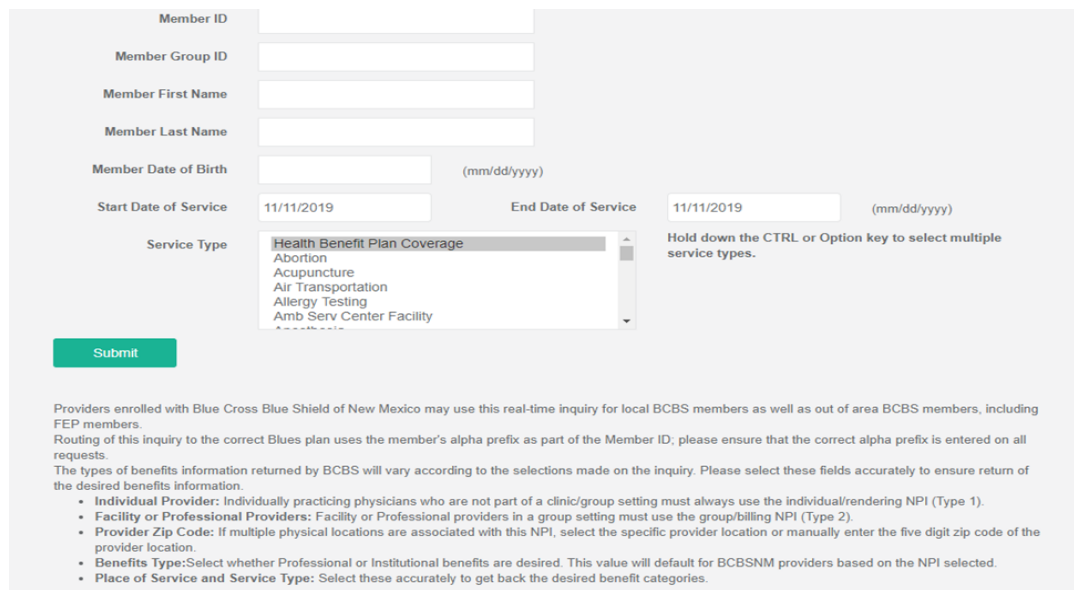
$50

DISCLAIMER: HealthXnet® payers are providing "Other Insurance" information which is member self-reported. The accuracy of this data CAN NOT be guaranteed by HealthXnet® but rather serves as an indicator that there MAY be other insurance coverage for the member. HealthXnet® strongly suggests that any "Other Insurance" information returned on an eligibility response is verified by the user. Thank you.

Eligibility Help Text

Each payer has its own requirements for inquiries. Be sure to read the text for information on what the payer system data requirements for that inquiry are.
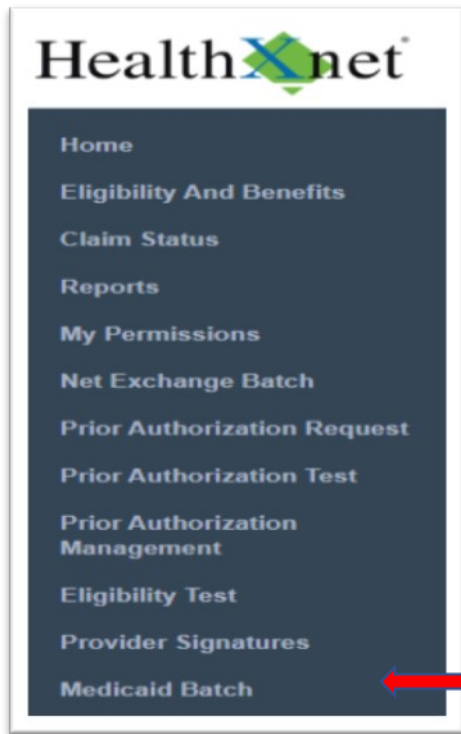
Eligibility Help Text

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. 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.

CLAIM STATUS INQUIRY

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

- Select the **Health Plan** from the list .

- Search for a health plan using the search field, *or*

- Scroll through the list and select a health plan by clicking on the name.

- 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.

- Search for the provider using the Provider Search field. Search using the provider name, Tax ID, NPI, or address, *or*

- Leave the search field blank and click the Search button; this will provide the full list of providers available to you

- **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.

- **Enter Patient Information**.

- Click on the **Submit** button to process the inquiry.

Medicaid Batch

Select **"Medicaid Batch"** from the Application Menu

The Medicaid Batch screen will display

Select **"Medicaid Eligibility Batch Template"**

The template will download at the bottom of your screen.

Click once on the Medicaid Batch template to open the document.

	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	5/5/1910	5/5/2019

Delete the information on row 2.

	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

Enter the required data on the Medicaid Batch Template

	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		JANE		DOE	F	7/21/1965	12/1/2019
	222222222		JOHN		DOE	M	2/21/1963	12/1/2019

Rename the file

Naming convention cannot have spaces

Save As

Recent

New Mexico Hospital Services Corporation

↑ 🗁 Downloads

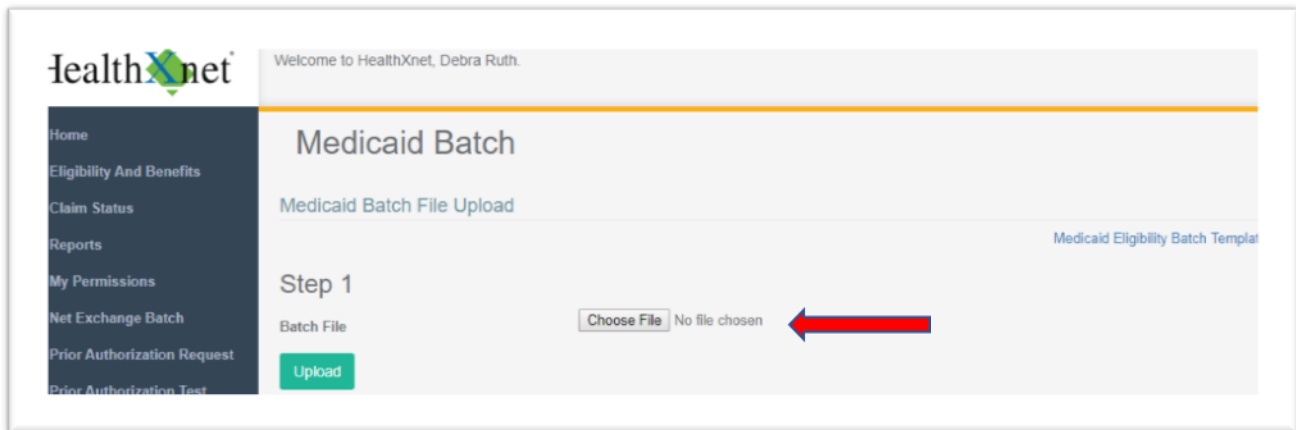MedicaidEligibilityBatchTemplate

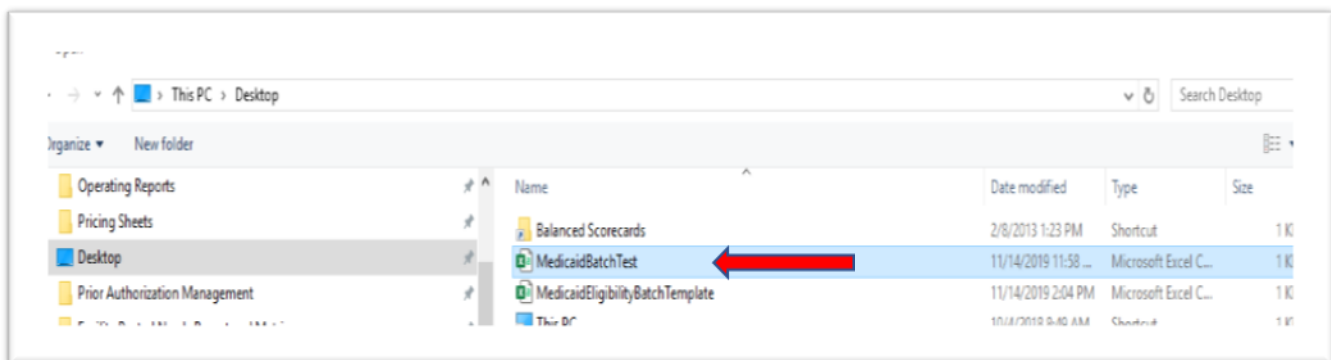CSV (Comma delimited) (*.csv)

More options...

💾 Save

Save the file as a CSV (Comma delimited) (*.csv), Select **"Save"**

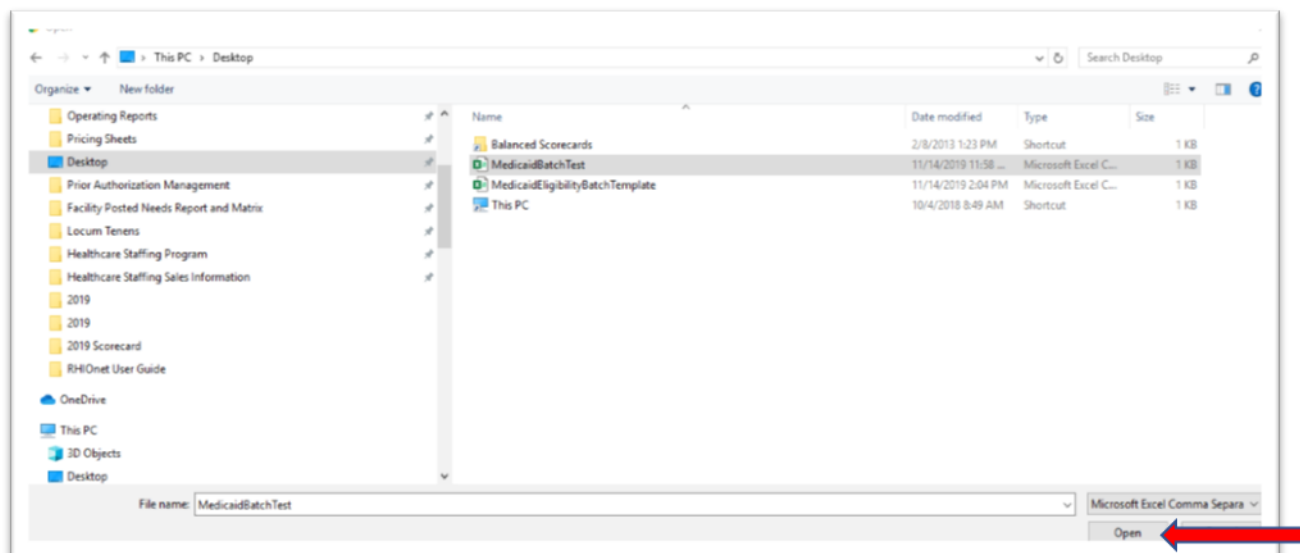Now you are ready to upload your Medicaid Batch File.
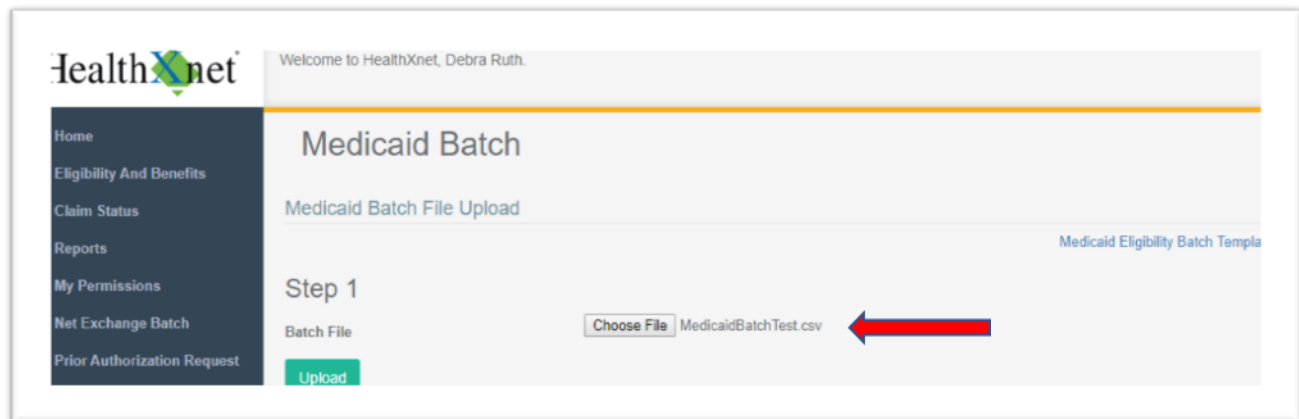
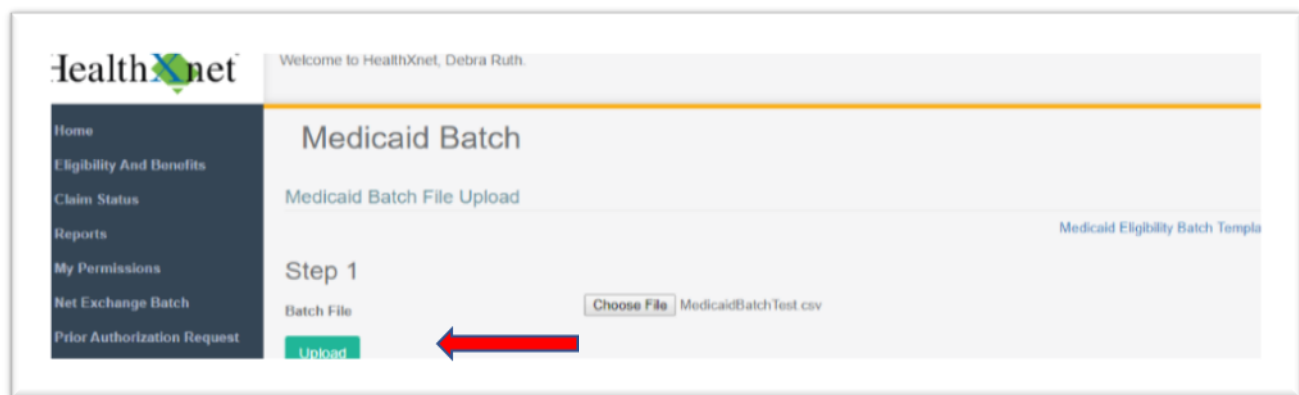**Step 1: Select "Choose File"**

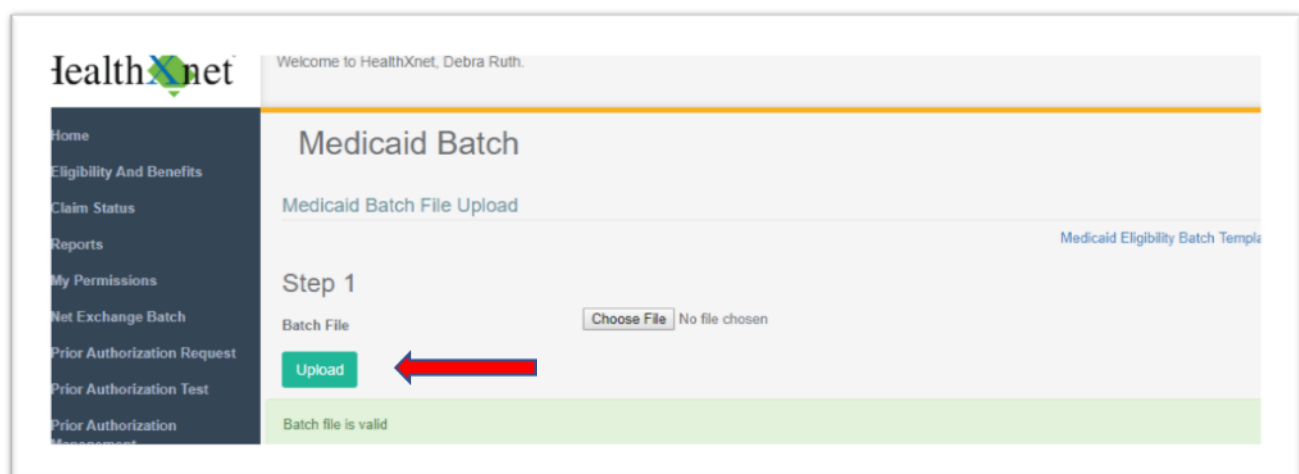Select **"File"**

Select **"Open"**

In Step 1 you will see your file name beside **"Choose File"**. This is how you will know your file has been successfully uploaded.
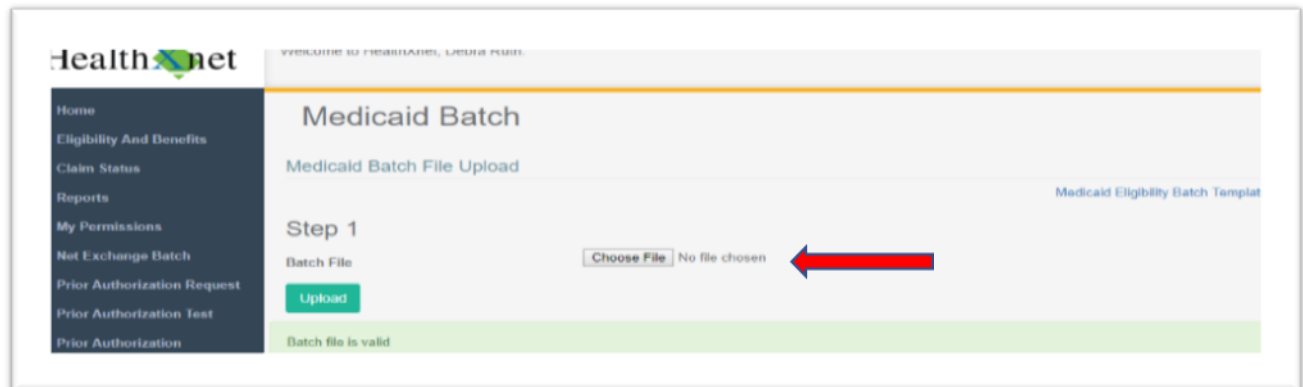

Select **"Upload"**

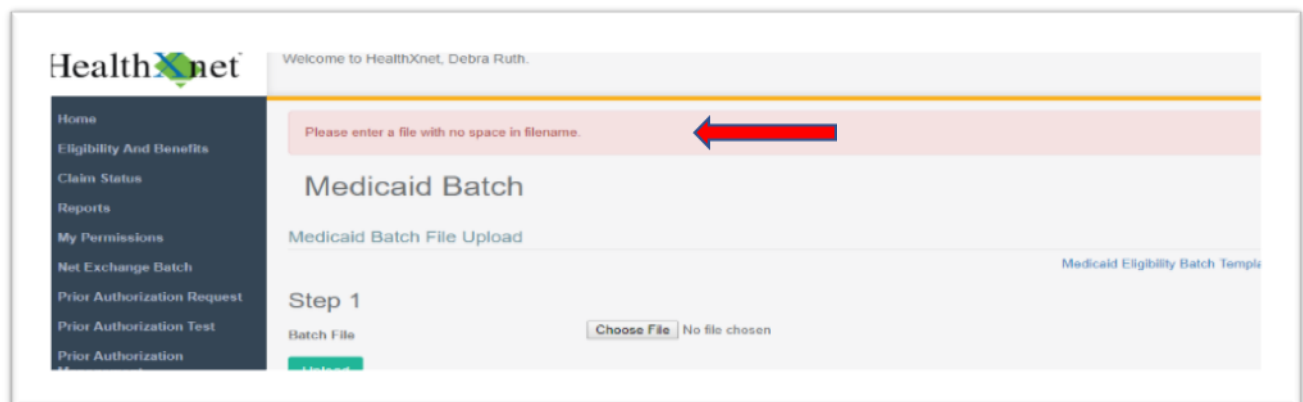If file is successful you will receive **"Batch file is valid"** is indicated in **green**
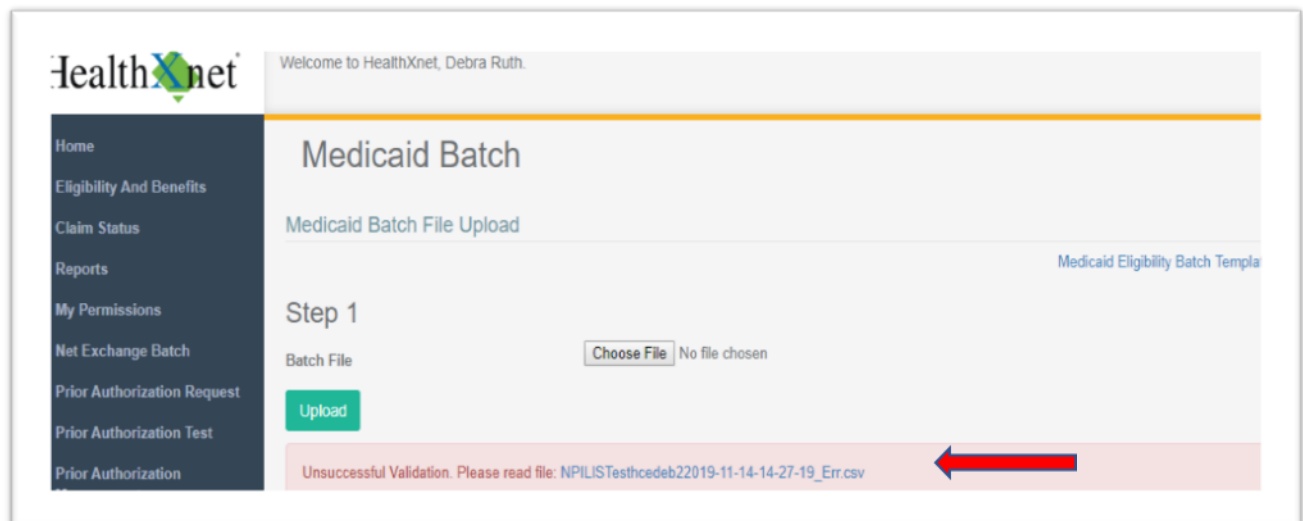
Possible errors:

If you upload the Medicaid Batch Template with no data, your file name will not appear beside "Choose File".

If you enter spaces in your file name, you will receive an error in **red "Please enter a file with no spaces in filename"**

If you enter inaccurate data, you will receive an error in **red "Unsuccessful Validation. Please read file: (file name)**

Important:

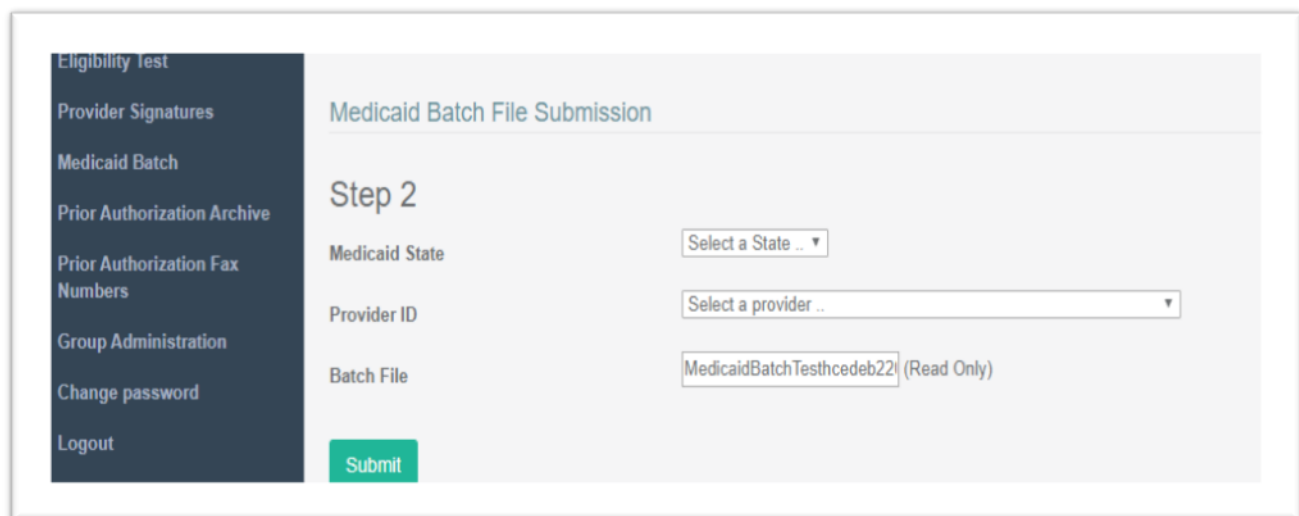If you receive an error you do not know how to correct, please contact us at:

HealthXnet Customer Service

505-343-0070

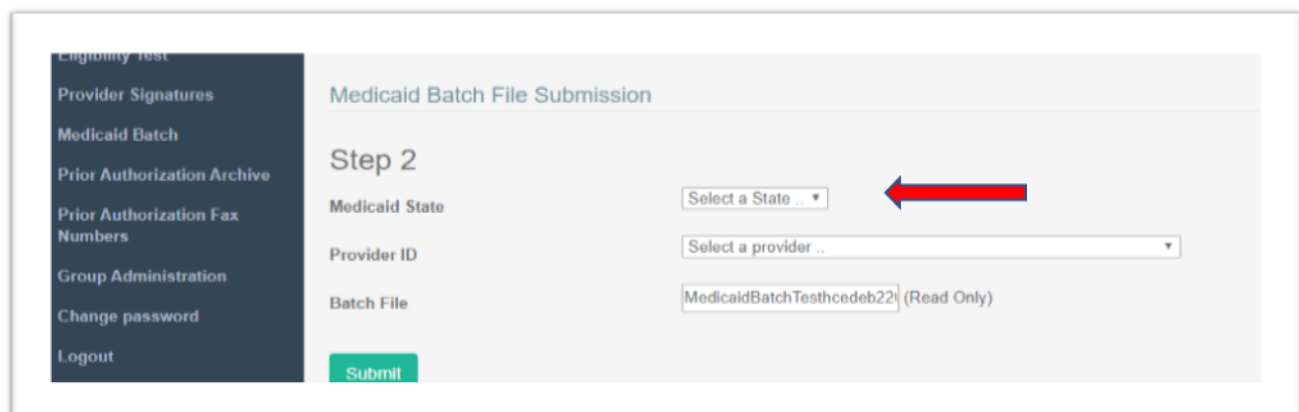Healthxnet.com

Monday through Friday, 8:00 AM – 5:00 PM MST

Step 2: Medicaid Batch File Submission

When you Select **"Step 2"** the below fields need to be completed.

Medicaid State Select **"appropriate state"** from the drop down.

Provider ID Select **"appropriate provider"** from the drop down.

Select **"Submit"**

If the submission is successful **"Batch file submitted"** is indicated in **green**
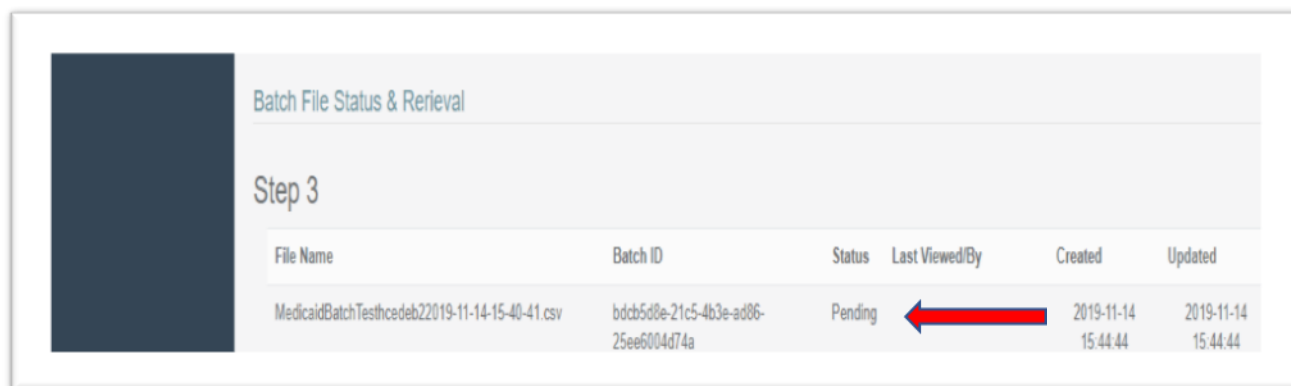
Step 3: Batch File Status & Retrieval

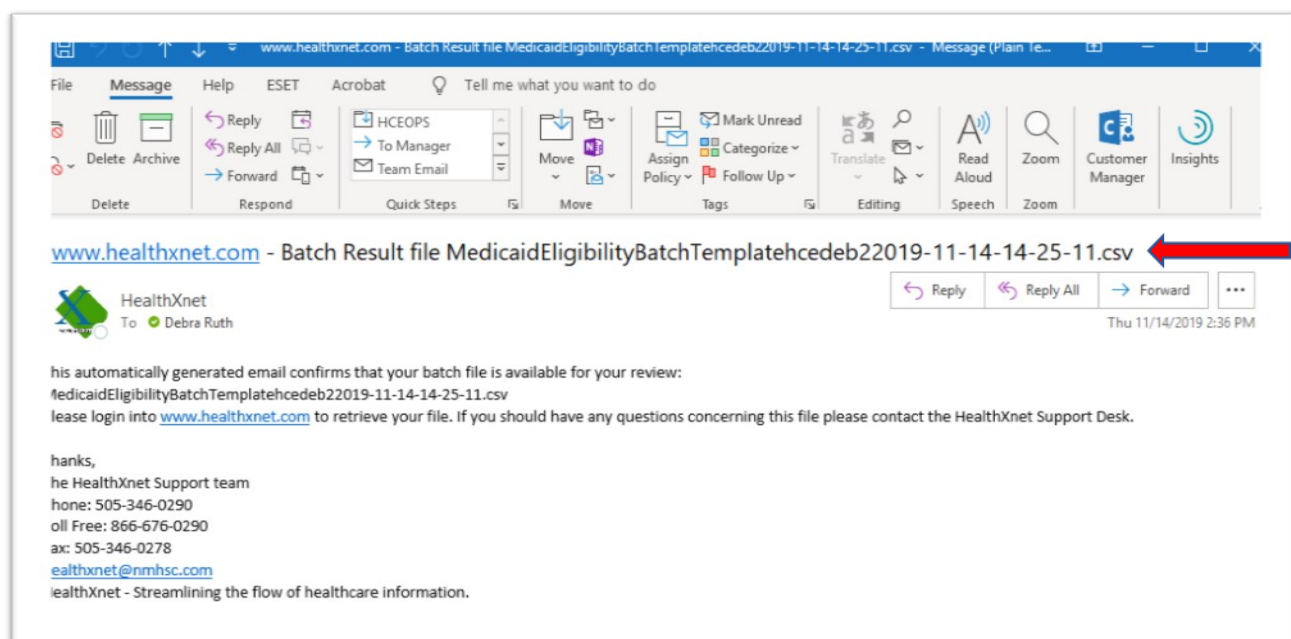The file status will change from **"Pending"** to **"Done"** once the file has processed.

Pending status changed to **"Done"**

When the file status changes to **"Done"** you will receive an email from Healthxnet.com
www.healthxnet.com – Batch Result File (with your file name)

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

Once the file status changes to "Done", Select **"Done"** to review the file results
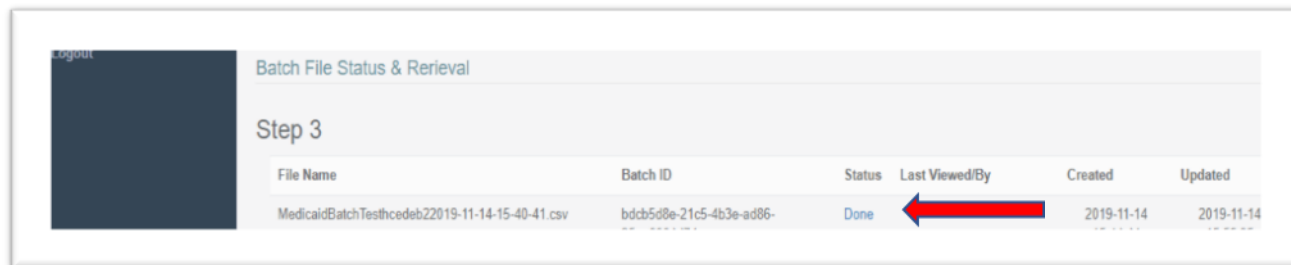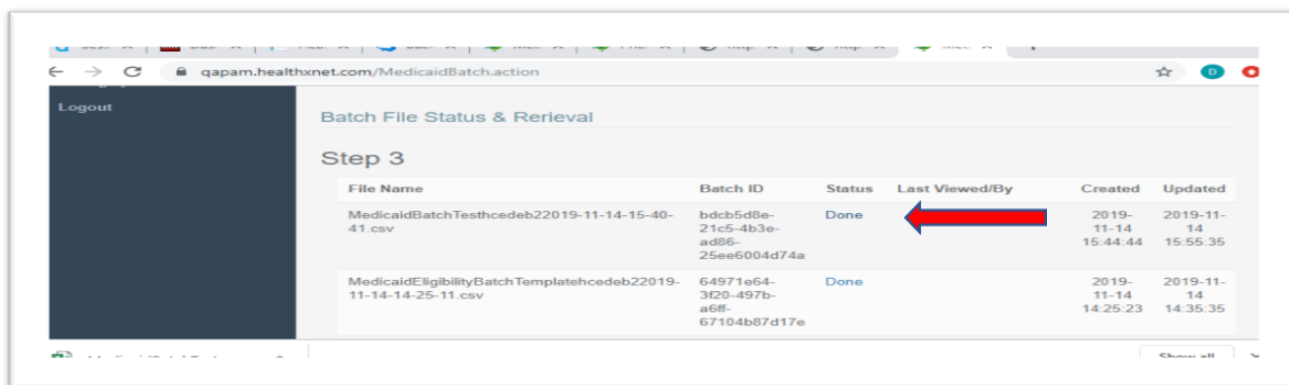

The batch result file will download at the bottom of your screen.

Click once on the Medicaid Batch File to open the document.

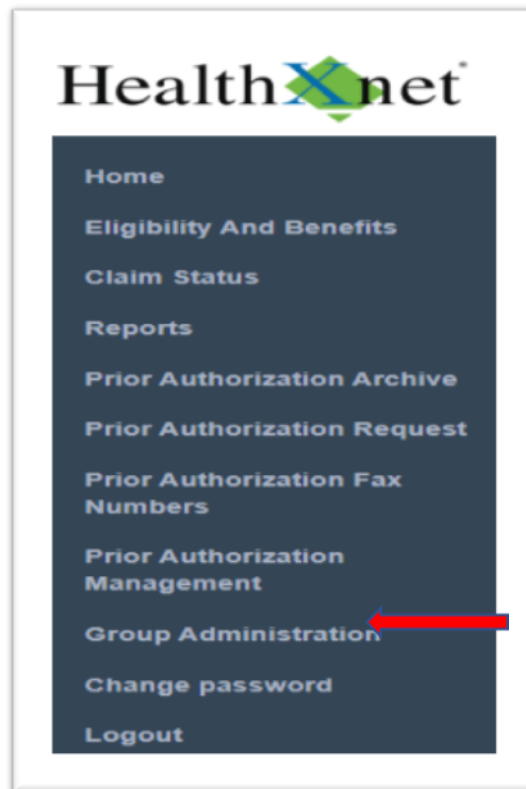The processed Medicaid Batch File will have additional columns with data entered.

- Tracking ID

- Payer Id

- Trace Number

- Status (Eligible or Not Eligible)

- Status 2 (Active or Not Active)
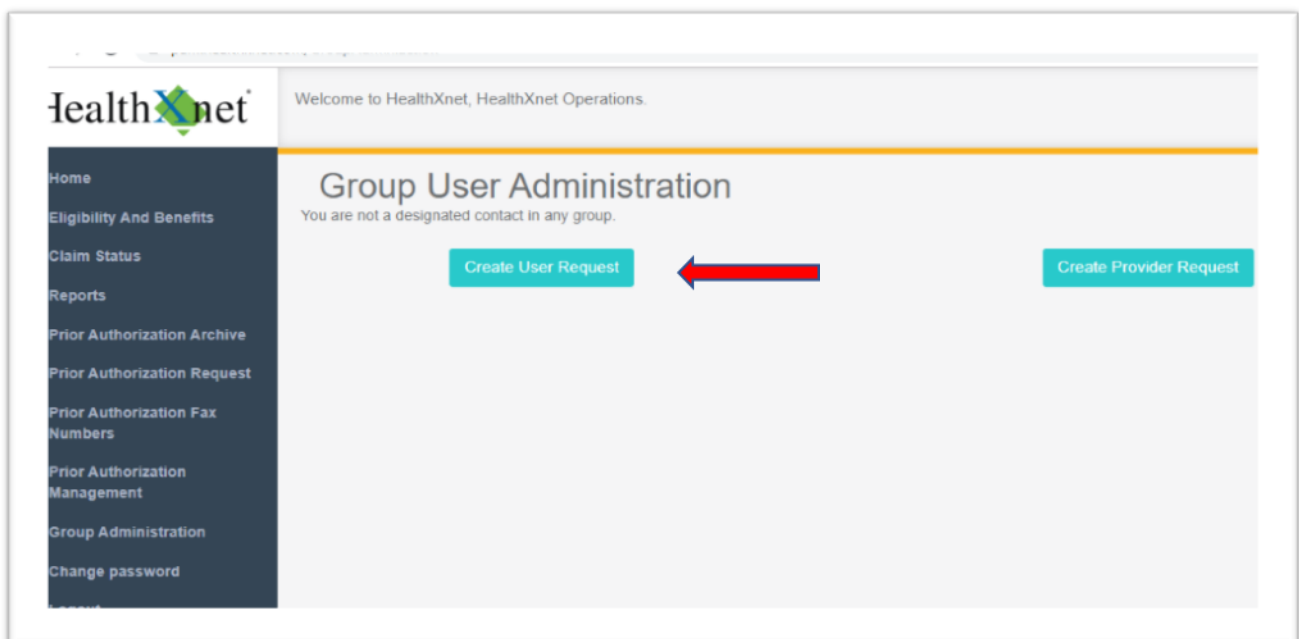
- Category Code (Centennial Care Category Name and Number)

- MCO (Name of MCO)

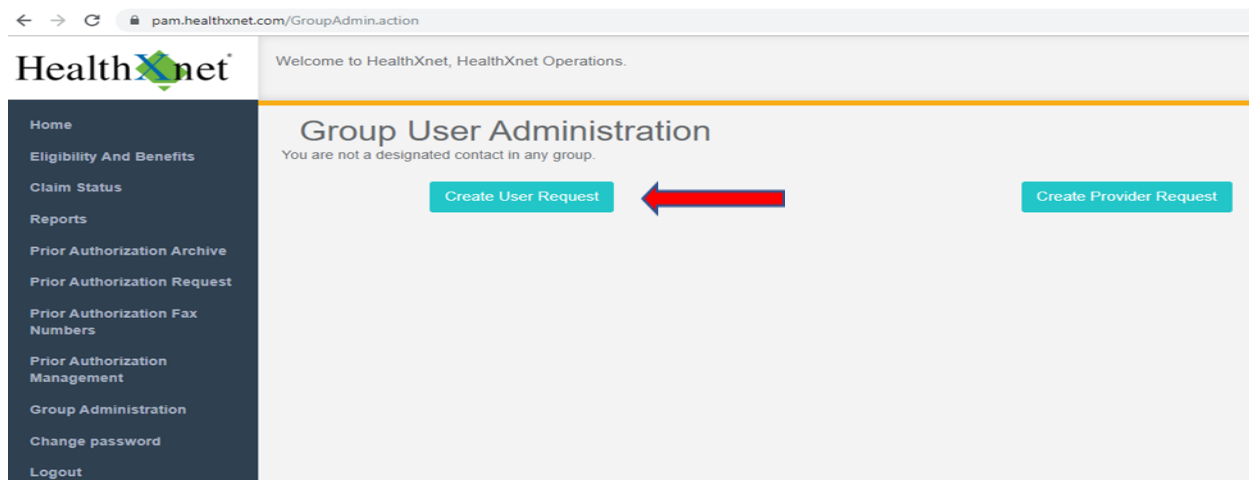Group User Administration (Authorized Requestor)

Select **"Group Administration"** from the Application Menu

The Group User Administration screen will display.

Select **"Create User Request"** to enter a new user:

The Group Administration User Request screen will display:

- All the information on the Group Administration User Request screen is required

- When adding a new user, the Username must be unique with your organization

- For example, the organization name is Hospital Services Corporation and the name of the new user is Debra Ruth

- The Username would start with hsc (for Hospital Services Corporation)

The rest of the Username would be the first two letters of their first name and the first two letters of their last name

    (Example) Hscderu

Or if you do not have a lot of users you can use their first name

    (Example) hscdebra

<center>

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505-343-0070

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