

HealthXnet User Guide

November 2019

Version 1.0



HealthXnet[®]



HSC
HOSPITAL SERVICES
CORPORATION

DOCUMENT REVISIONS

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

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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.

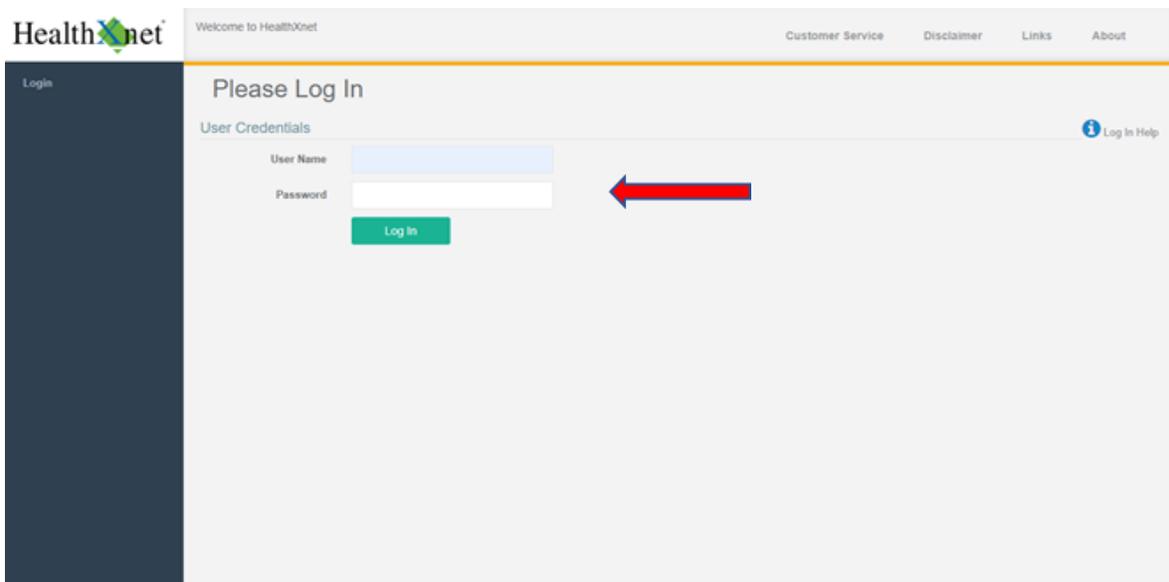
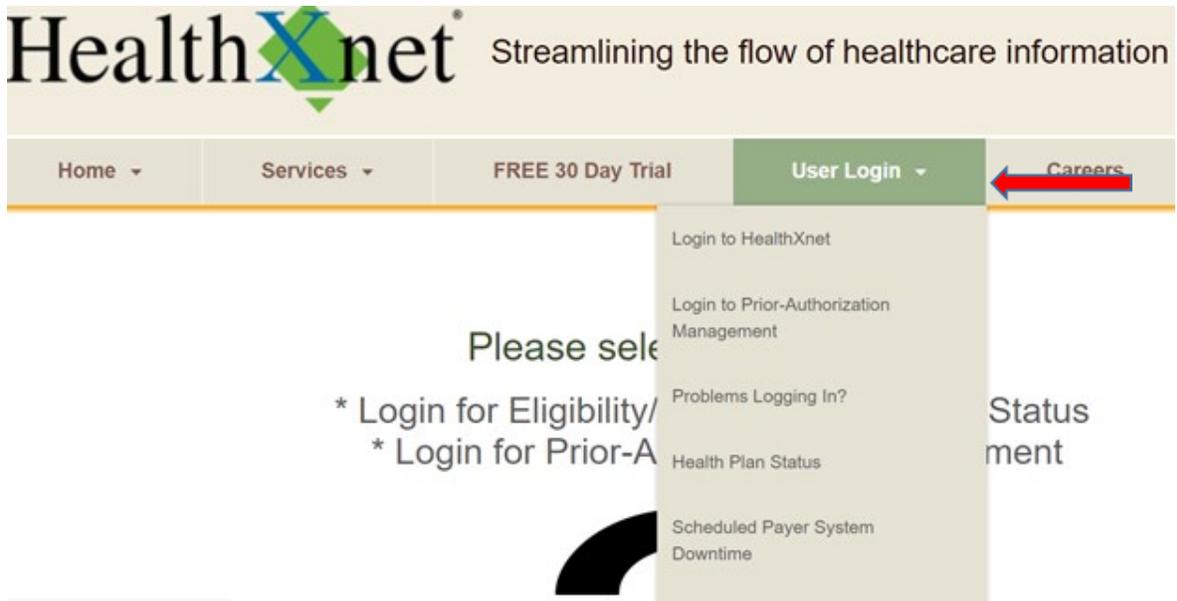
Health plan availability may be affected by scheduled or unscheduled system maintenance by the health plan. Some health plans have regularly scheduled outages to allow for maintenance. Scheduled outages typically occur late at night or on the weekends when usage is often lowest. The HealthXnet Status 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 screenshot displays the HealthXnet user interface. At the top left is the HealthXnet logo. The main header area includes the text 'Welcome to HealthXnet, Suzanne Adams.' and navigation links for 'Customer Service', 'Disclaimer', 'Links', and 'About'. A dark sidebar on the left contains a 'Logout' link. The central content area is titled 'Disclaimer' and contains a 'Disclaimer Notice' section. This section includes several paragraphs of text under sub-headers: 'Purpose', 'Use of this information', 'Confidentiality and Privacy', and 'Accuracy and Completeness'. At the bottom of the disclaimer text is a green button labeled 'I agree'. A prominent red arrow points directly to this button. The footer of the page contains small text: 'Authorized users only. Unauthorized distribution prohibited.', 'Copyright © 1999-2019 Healthcare Extranets LLC, APP Design, Inc. All rights Reserved.', and 'WebVM1 - rthoche_branch-1111_1133 - prod'.

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.

The screenshot shows the HealthXnet Home Page. On the left is a dark blue navigation menu with the following items: Home, Eligibility And Benefits, Reports, Prior Authorization Archive, Prior Authorization Request, Prior Authorization Fax Numbers, Prior Authorization Management, Change password, and Logout. The main content area has a light gray header with the text 'Welcome to HealthXnet, Suzanne Adams.' and links for 'Customer Service', 'Disclaimer', 'Links', and 'About'. Below the header is a green banner with the text 'Password changed.' and a red arrow pointing to the left. Below the banner is the word 'Home' and the text 'Hello, Suzanne Adams'. To the right of this text is the date and time 'Monday, November 11, 2019 10:48:13'. Below this is the section 'Announcements'. Below that is the section 'Group Contacts' which contains a table with the following data:

Group	Name	Phone	Email
HCE Test Facility 2	Ruth, Debbie	(505) 346-0290	druth@nmhsc.com
HCE Test Facility 2	Quinn, Robert	(630) 775-1144 x202	robert.quinn@appdesign.com
HCE Test Facility 2	Adams, Suzanne	(505) 346-0203	sadams@nmhsc.com

Red arrows point to the 'Menu Options' label in the navigation menu and the 'Group Contacts' label in the table.

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 logo: Welcome to HealthXnet, Suzanne Adams. Customer Service Disclaimer Links About

Home Eligibility And Benefits Reports Prior Authorization Archive Prior Authorization Request Prior Authorization Fax Numbers Prior Authorization Management Change password Logout

Home Monday, November 11, 2019 11:46:12 AM

Announcements

Group Contacts

Group	Name	Phone	Email
HCE Test Facility 2	Ruth, Debbie	(505) 346-0290	druth@nmhsc.com
HCE Test Facility 2	Quinn, Robert	(630) 775-1144 x202	robert.quinn@appdesign.com
HCE Test Facility 2	Adams, Suzanne	(505) 346-0203	sadams@nmhsc.com

HealthXnet opens the screen below:

HealthXnet logo: Welcome to HealthXnet, Suzanne Adams. Customer Service Disclaimer Links About

Eligibility Inquiry Eligibility Help

Select Payer and Search Type

Payer: BLUE CROSS BLUE SHIELD OF NEW MEXICO x

Eligibility Search Options: Member Search

Select Provider Requesting Information

Provider Search: Search

Name	Person?	Tax ID	NPI	Address	City	State	Zip Code
------	---------	--------	-----	---------	------	-------	----------

Enter Patient Information

Benefit Type: Select a benefit type

Place of Service: Select a place of service

Member ID:

Member Group ID:

Member First Name:

Member Last Name:

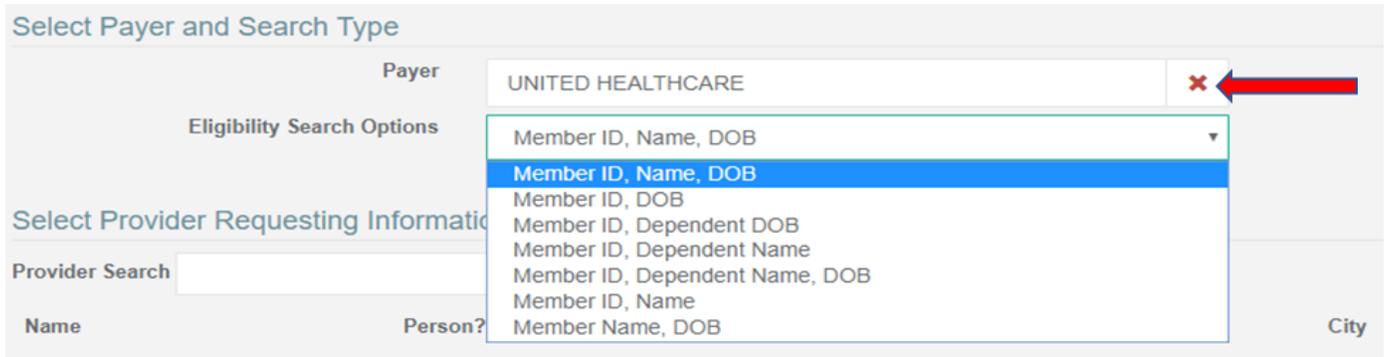
Member Date of Birth: (mm/dd/yyyy)

Start Date of Service: 11/11/2019 End Date of Service: 11/11/2019 (mm/dd/yyyy)

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

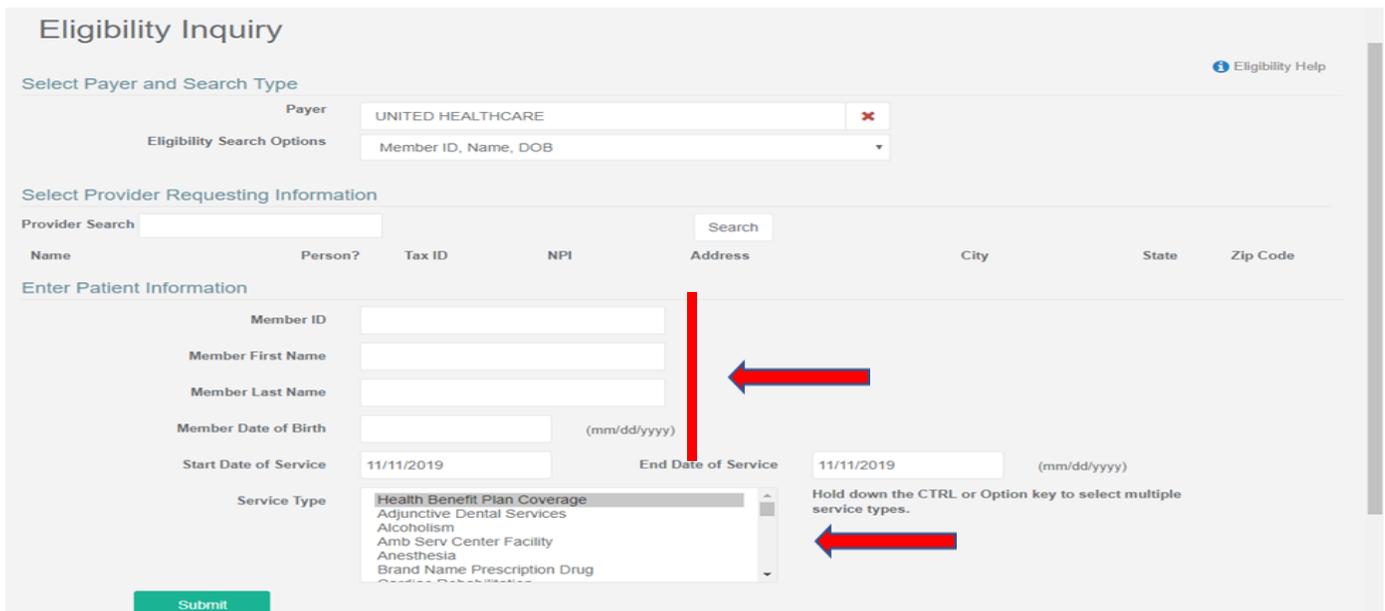


The screenshot shows the 'Eligibility Search Options' dropdown menu. The 'Payer' field is set to 'UNITED HEALTHCARE'. The dropdown menu is open, showing several options: 'Member ID, Name, DOB' (highlighted in blue), 'Member ID, DOB', 'Member ID, Dependent DOB', 'Member ID, Dependent Name', 'Member ID, Dependent Name, DOB', 'Member ID, Name', and 'Member Name, DOB'. A red arrow points to the red 'X' icon in the top right corner of the dropdown menu.

Eligibility Inquiry Required Information

Type in the required information by the health plan.

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



The screenshot shows the 'Eligibility Inquiry' form. The 'Payer' field is set to 'UNITED HEALTHCARE'. The 'Eligibility Search Options' dropdown menu is set to 'Member ID, Name, DOB'. The 'Enter Patient Information' section includes fields for 'Member ID', 'Member First Name', 'Member Last Name', 'Member Date of Birth' (mm/dd/yyyy), 'Start Date of Service' (11/11/2019), and 'End Date of Service' (11/11/2019). The 'Service Type' dropdown menu is open, showing 'Health Benefit Plan Coverage' (selected), 'Adjunctive Dental Services', 'Alcoholism', 'Amb Serv Center Facility', 'Anesthesia', and 'Brand Name Prescription Drug'. A red arrow points to the 'Member Date of Birth' field, and another red arrow points to the 'Service Type' dropdown menu. A green 'Submit' button is at the bottom left.

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:

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:

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

Eligibility Inquiry

[Eligibility Help](#)

Select Payer and Search Type

Payer: TRUE HEALTH NEW MEXICO ✖

Eligibility Search Options: Member Name, Date of Birth ▼

Enter Patient Information

Member First Name:

Member Last Name:

Member Date of Birth: (mm/dd/yyyy)

Date of Service: 11/13/2019

Submit

New Mexico Health Connections permits eligibility inquiries on dates of service up to one year in the past. No future dates of service are supported by the health plan on this inquiry. Please select the appropriate search option, enter the appropriate inquiry information, and click Submit. This inquiry provides real-time information from Molina Healthcare of New Mexico.

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](http://www.truehealthnewmexico.com/true_sel_gold_c_hmo_sg_on_2019.pdf)

Urgent Care Copay

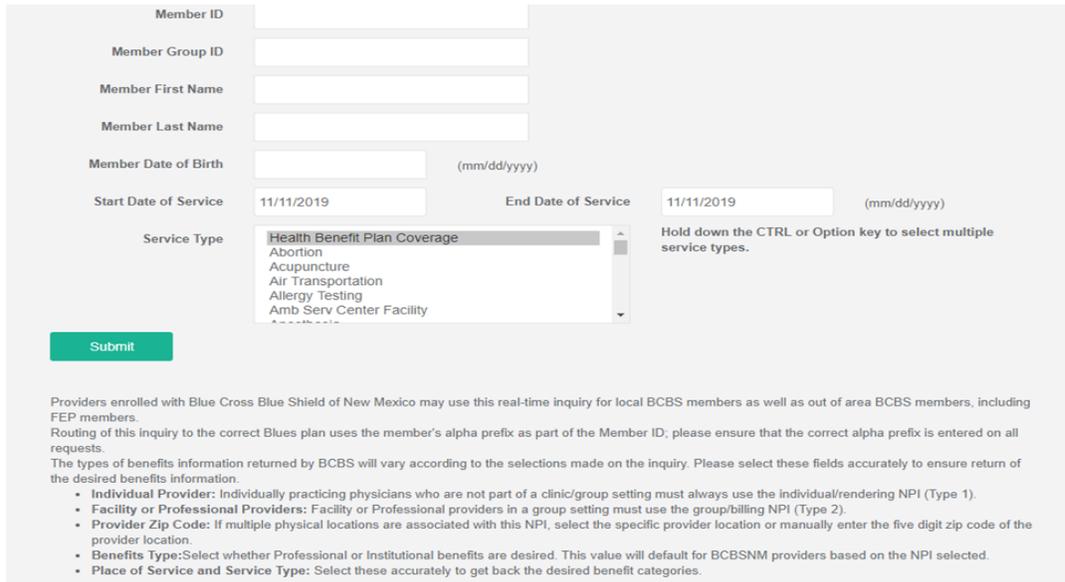
\$50

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



The screenshot shows a web form for an eligibility inquiry. The form includes the following fields:

- Member ID
- Member Group ID
- Member First Name
- Member Last Name
- Member Date of Birth (format: mm/dd/yyyy)
- Start Date of Service (11/11/2019)
- End Date of Service (11/11/2019, format: mm/dd/yyyy)
- Service Type (dropdown menu with options: Health Benefit Plan Coverage, Abortion, Acupuncture, Air Transportation, Allergy Testing, Amb Serv Center Facility)

A green "Submit" button is located below the form fields. To the right of the form, there is a red arrow pointing to the help text below the form.

Providers enrolled with Blue Cross Blue Shield of New Mexico may use this real-time inquiry for local BCBS members as well as out of area BCBS members, including FEP members.
Routing of this inquiry to the correct Blues plan uses the member's alpha prefix as part of the Member ID; please ensure that the correct alpha prefix is entered on all requests.
The types of benefits information returned by BCBS will vary according to the selections made on the inquiry. Please select these fields accurately to ensure return of the desired benefits information.

- **Individual Provider:** Individually practicing physicians who are not part of a clinic/group setting must always use the individual/rendering NPI (Type 1).
- **Facility or Professional Providers:** Facility or Professional providers in a group setting must use the group/billing NPI (Type 2).
- **Provider Zip Code:** If multiple physical locations are associated with this NPI, select the specific provider location or manually enter the five digit zip code of the provider location.
- **Benefits Type:** Select whether Professional or Institutional benefits are desired. This value will default for BCBSNM providers based on the NPI selected.
- **Place of Service and Service Type:** Select these accurately to get back the desired benefit categories.

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.

The screenshot displays the 'Claims Inquiry' web interface. At the top, there is a section titled 'Select Payer and Search Type'. Below this, the 'Payer' dropdown menu is open, showing a list of health plans. The 'BLUE CROSS BLUE SHIELD OF NEW MEXICO' option is highlighted in green. A red arrow points to this option. Other options in the list include 'BLUE CROSS BLUE SHIELD OF COLORADO', 'BLUE CROSS BLUE SHIELD OF NEW JERSEY', 'BLUE CROSS BLUE SHIELD OF OKLAHOMA', 'BLUE CROSS BLUE SHIELD OF TEXAS', 'CHRISTUS HEALTH PLAN MEDICAID', 'CHRISTUS HEALTH PLAN NEW MEXICO', and 'CHRISTUS HEALTH PLAN NEW MEXICO MEDICARE ADVANTAGE'. The form also includes fields for 'Requesting Provider' (with a search field), 'Name', 'Person?', 'Enter Claim Information' (with fields for 'Claim No.', 'Submitted Charges', 'From' date: 08/21/2019, 'To' date: 11/19/2019, and 'Bill Type'), and 'Enter Patient Information' (with a 'Member ID' field). A 'City' field is also visible on the right side of the form.

- 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*

Claims Inquiry Claim Status Hel

Select Payer and Search Type

Payer: BLUE CROSS BLUE SHIELD OF NEW MEXICO ✕

Requesting Provider

Provider Search: unm Search

Name	Person?	Tax ID	NPI	Address	City	State	Zip Code
UNM HOSPITAL		5	52	2211 Lomas Blvd NE	ALBUQUERQUE	NM	87106

Enter Claim Information

Claim No.

Submitted Charges

From: 08/21/2019 (mm/dd/yyyy)

To: 11/19/2019 (mm/dd/yyyy)

Bill Type (optional)

- 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.

Enter Patient Information

Member ID

Last Name

First Name

Date of Birth (mm/dd/yyyy)

Gender

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

Providers enrolled with Blue Cross Blue Shield of New Mexico may use this real-time inquiry for local BCBS members as well as out of area BCBS members, including FEP members. Routing of this inquiry to the correct Blues plan uses the member’s alpha prefix as part of the Member ID; please ensure that the correct alpha prefix is entered on all requests. Successful processing of this inquiry requires the use of the correct Provider and NPI. Please follow these guidelines when selecting the Provider and NPI: Physicians and other professional medical providers must use the rendering NPI. Facilities must use their billing NPI. For questions regarding the information displayed, BCBSNM providers may call 888-349-3706.

Authorized users only. Unauthorized distribution prohibited.
Copyright © 1999-2019 Healthcare Extranets LLC, APP Design, Inc. All rights Reserved. WebVM1 - rhiohce_rhiohce-119

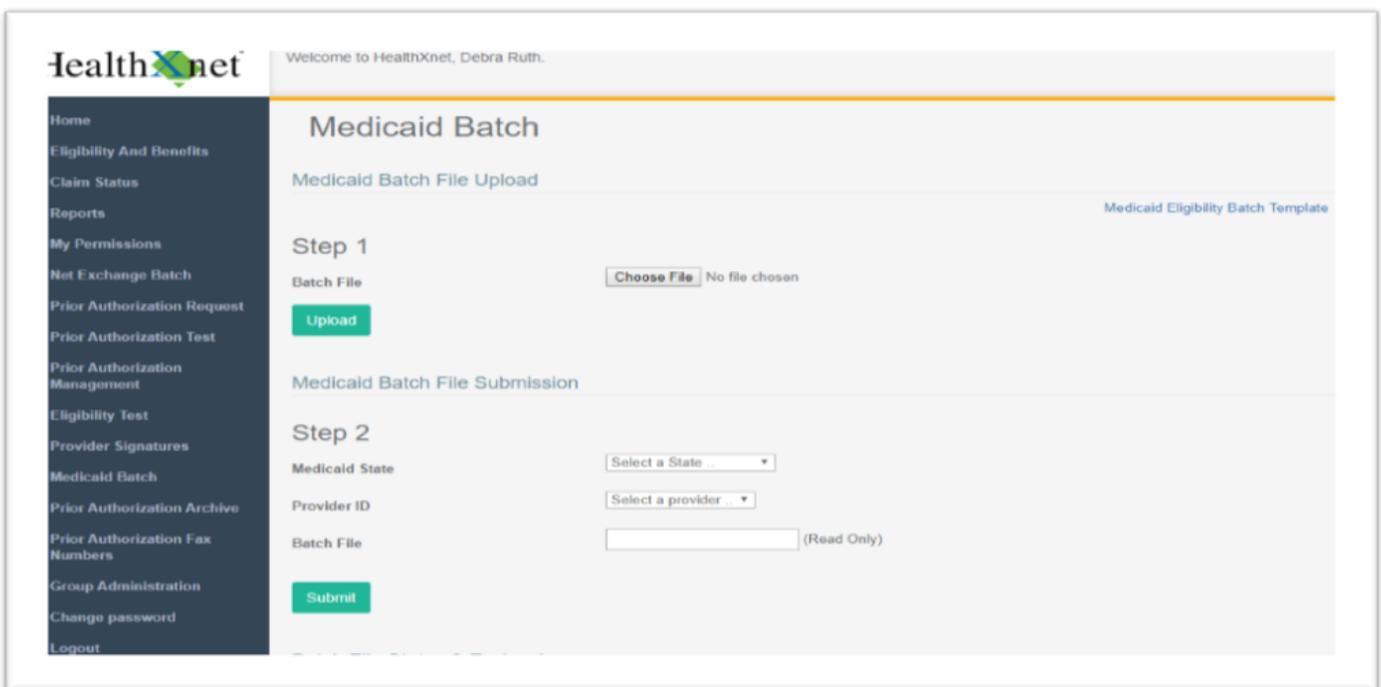
MEDICAID BATCH

Medicaid Batch

Select **“Medicaid Batch”** from the Application Menu



The Medicaid Batch screen will display



Select "Medicaid Eligibility Batch Template"

HealthXnet
Welcome to HealthXnet, Debra Ruth.

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)

The template will download at the bottom of your screen.

HealthXnet
Welcome to HealthXnet, Debra Ruth.

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
MedicaidBatchTesthcedeb22019-11-14-11-58-07.csv	1902f1cf-f5ac-468b-b395-60960a3aa9f4	Done		2019-11-14 11:58:18	2019-11-14 12:15:35
MedicaidEligibilityBatchTemplatehcedeb22019-09-11-14-04-41.csv	8e20688-87d7-4bb4-9d3b-b432b27b92fe	Viewed	2019-11-14T18:52:20Z/hcedeb2	2019-09-11 14:06:40	2019-11-14 18:52:20

MedicaidEligibility...csv

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	5/5/2015

Delete the information on row 2.

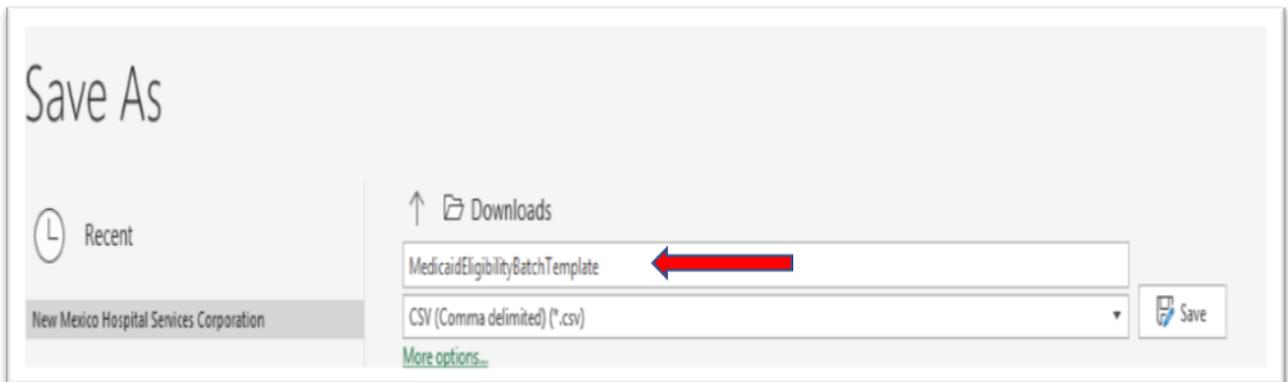
A	B	C	D	E	F	G	H
Subscriber ID	Subscriber SSN	Subscriber First Name	Subscriber Mid Init	Subscriber Last Name	Subscriber Gender	Subscriber DOB	Date of Service

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

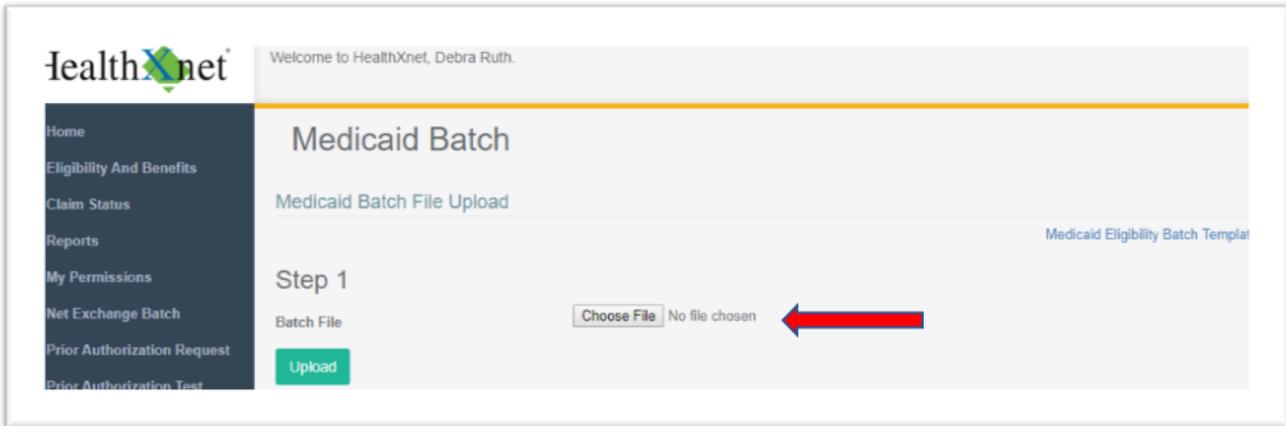
Naming convention cannot have spaces



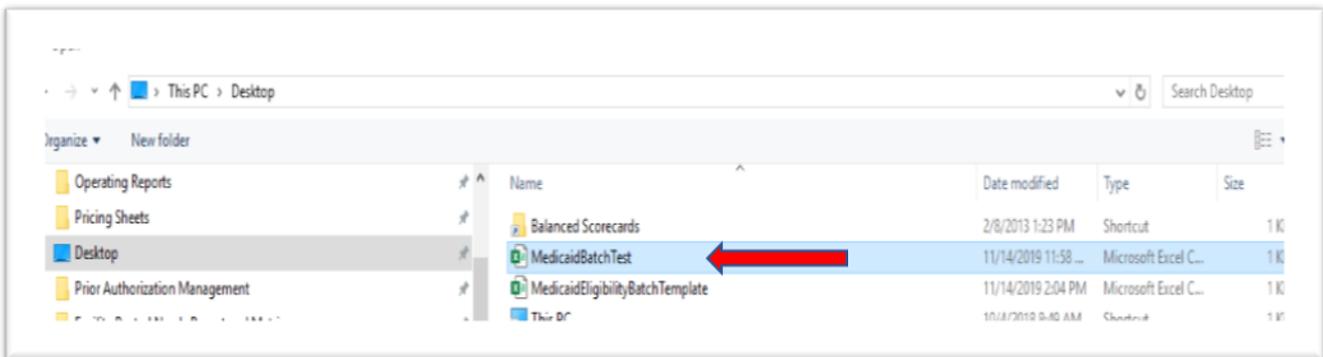
Save the file as a CSV (Comma delimited) (*.csv), Select **“Save”**

Now you are ready to upload your Medicaid Batch File.

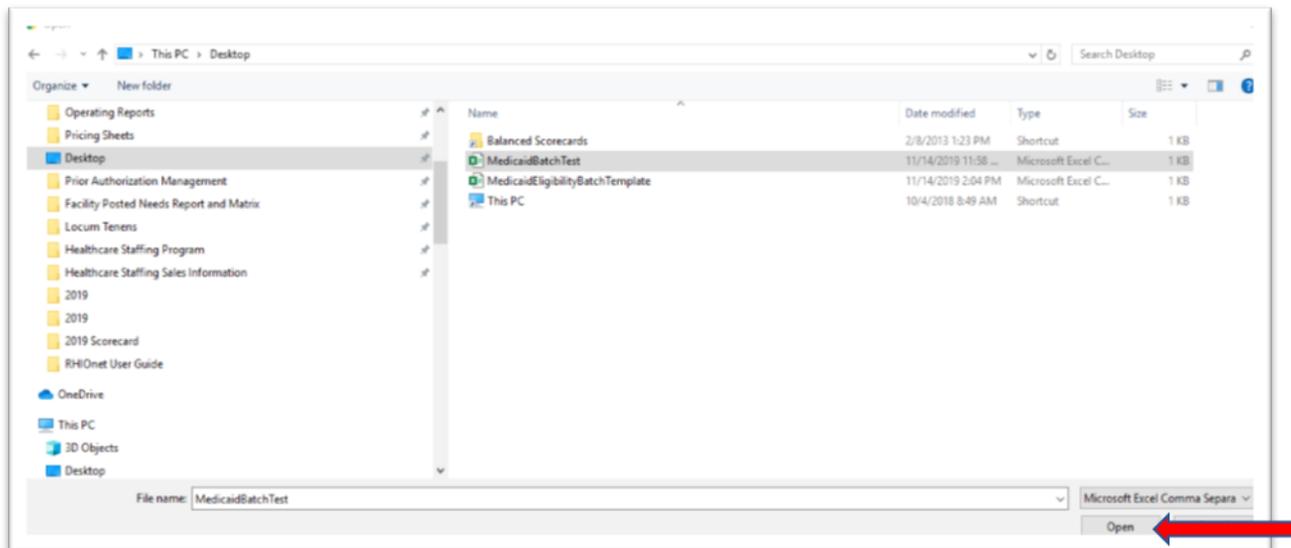
Step 1: Select “Choose File”



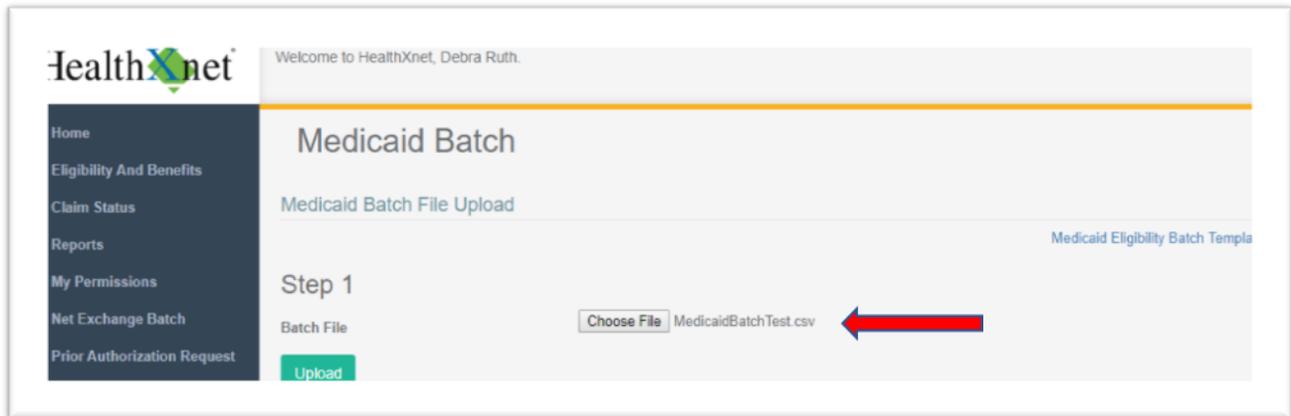
Select “File”



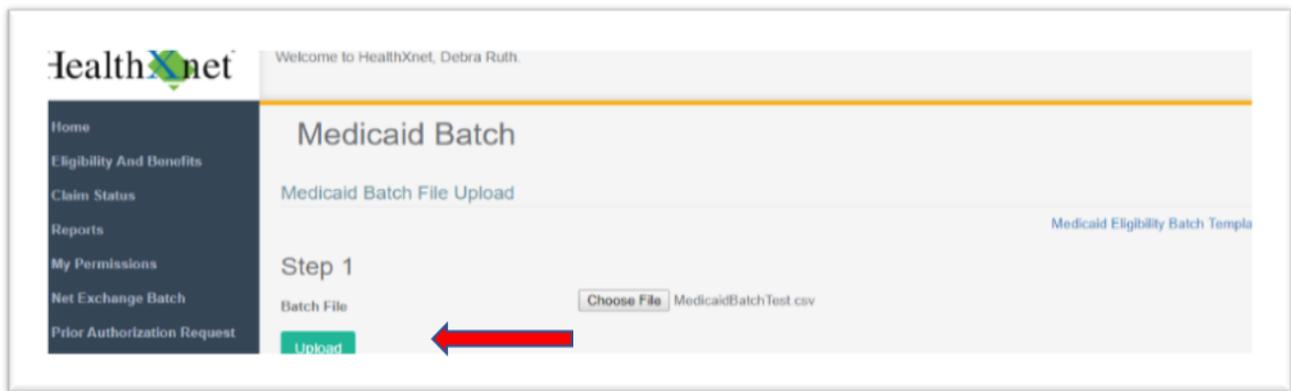
Select “Open”



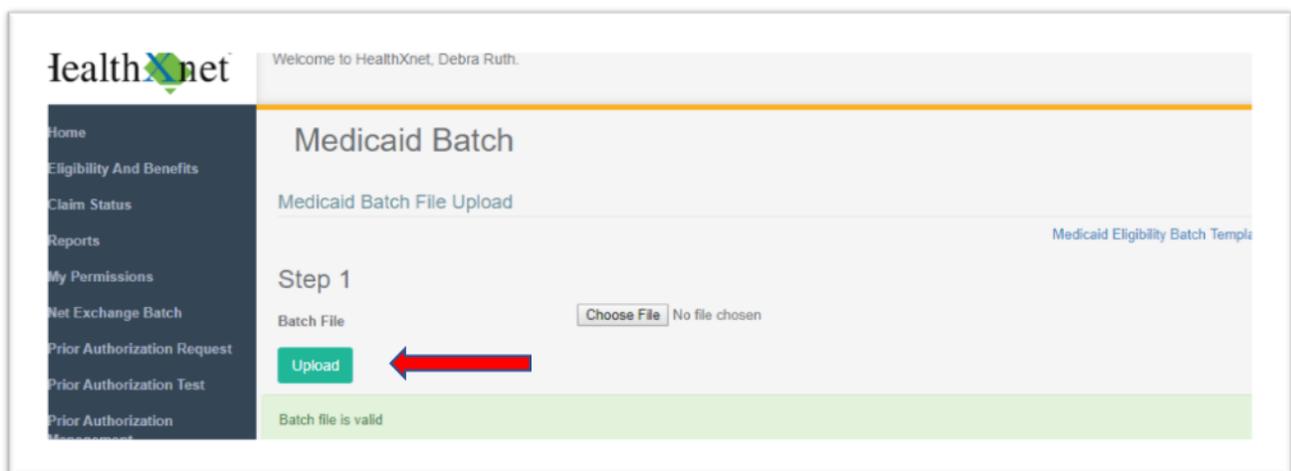
In Step 1 you will see your file name beside **“Choose File”**. This is how you will know your file has been successfully uploaded.



Select **“Upload”**

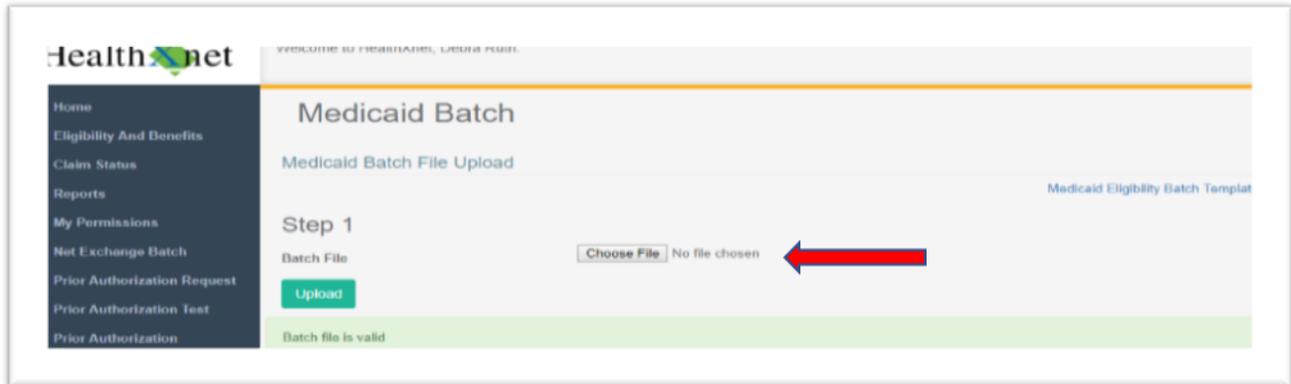


If file is successful you will receive **“Batch file is valid”** is indicated in **green**

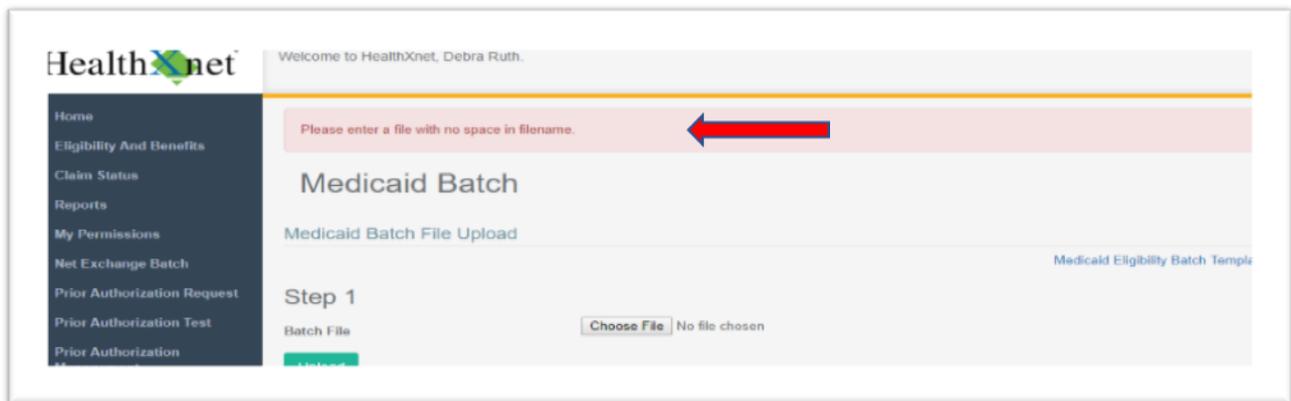


Possible errors:

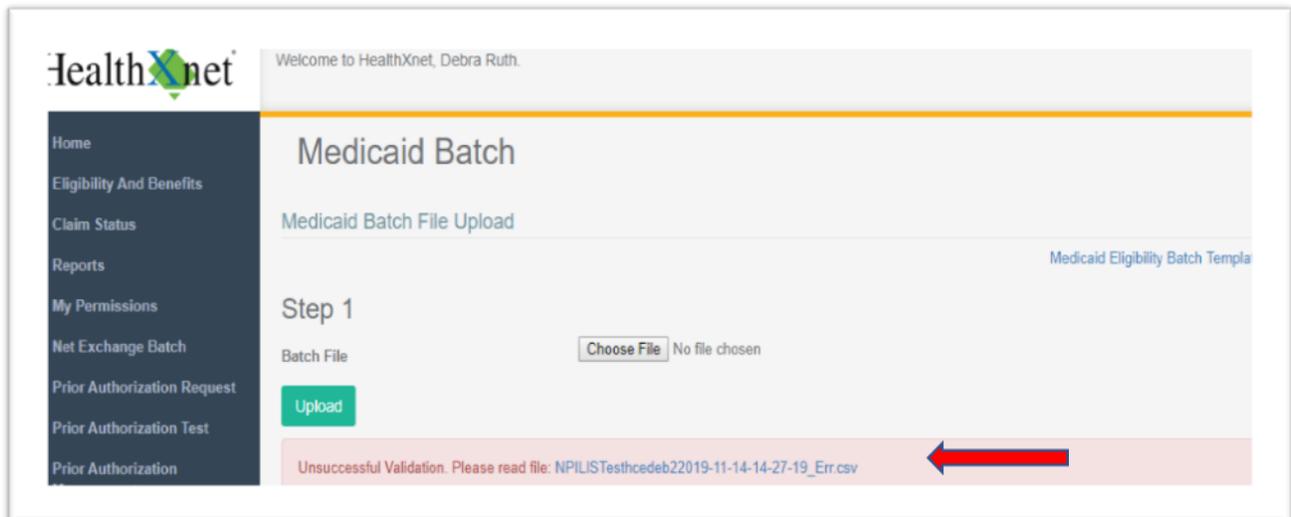
If you upload the Medicaid Batch Template with no data, your file name will not appear beside “Choose File”.



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

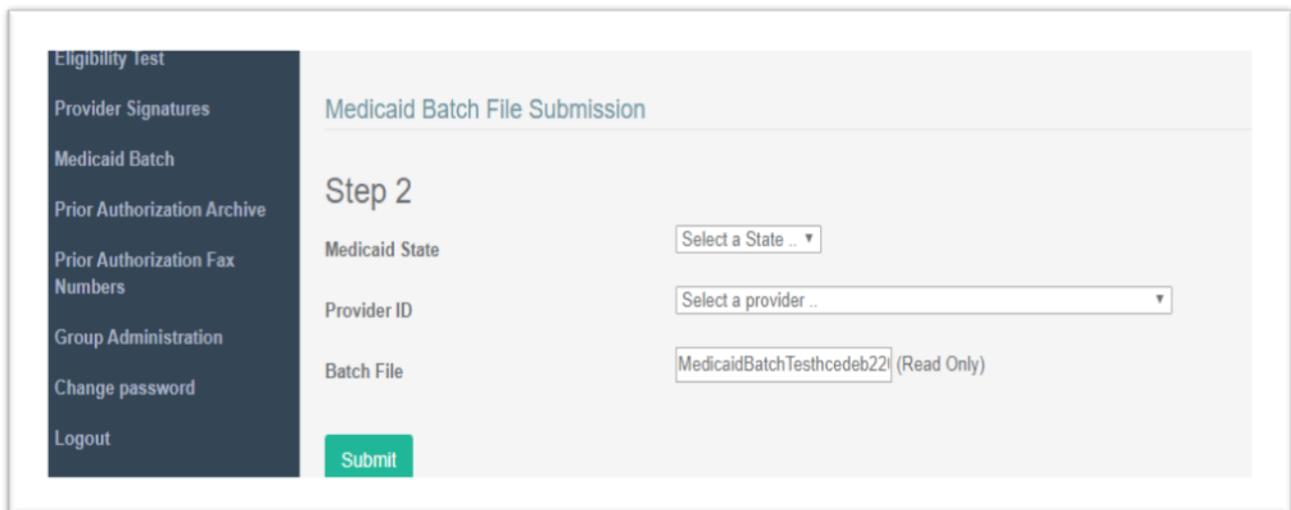
505-343-0070

Healthxnet.com

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

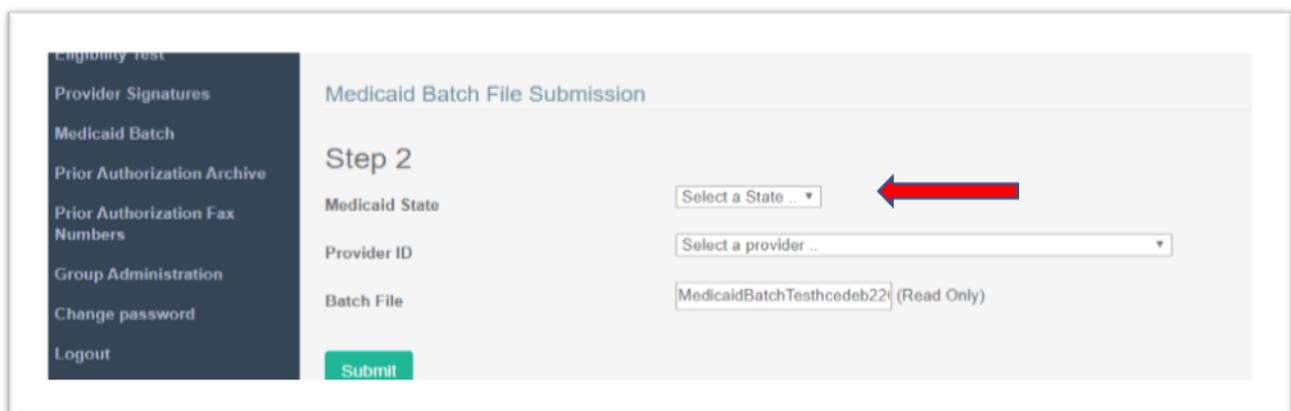
Step 2: Medicaid Batch File Submission

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



The screenshot shows a web application interface for "Medicaid Batch File Submission". On the left is a dark sidebar with menu items: Eligibility Test, Provider Signatures, Medicaid Batch, Prior Authorization Archive, Prior Authorization Fax Numbers, Group Administration, Change password, and Logout. The main content area is titled "Medicaid Batch File Submission" and "Step 2". It contains three input fields: "Medicaid State" with a dropdown menu showing "Select a State ..", "Provider ID" with a dropdown menu showing "Select a provider ..", and "Batch File" with a text input containing "MedicaidBatchTesthcedeb22" and "(Read Only)". A green "Submit" button is located at the bottom left of the form area.

Medicaid State Select “**appropriate state**” from the drop down.



This screenshot is identical to the one above, but with a red arrow pointing to the "Select a State .." dropdown menu in the "Medicaid State" field.

Provider ID Select “**appropriate provider**” from the drop down.

The screenshot shows the 'Medicaid Batch File Submission' interface at 'Step 2'. On the left is a dark sidebar with menu items: Provider Signatures, Medicaid Batch, Prior Authorization Archive, Prior Authorization Fax Numbers, Group Administration, Change password, and Logout. The main content area has the following fields: Medicaid State (New Mexico), Provider ID (01 06 - LAS CRUCES MED DENT), and Batch File (MedicaidBatchTesthcedeb22! (Read Only)). A green Submit button is at the bottom left. A red arrow points to the Provider ID dropdown menu.

Select “**Submit**”

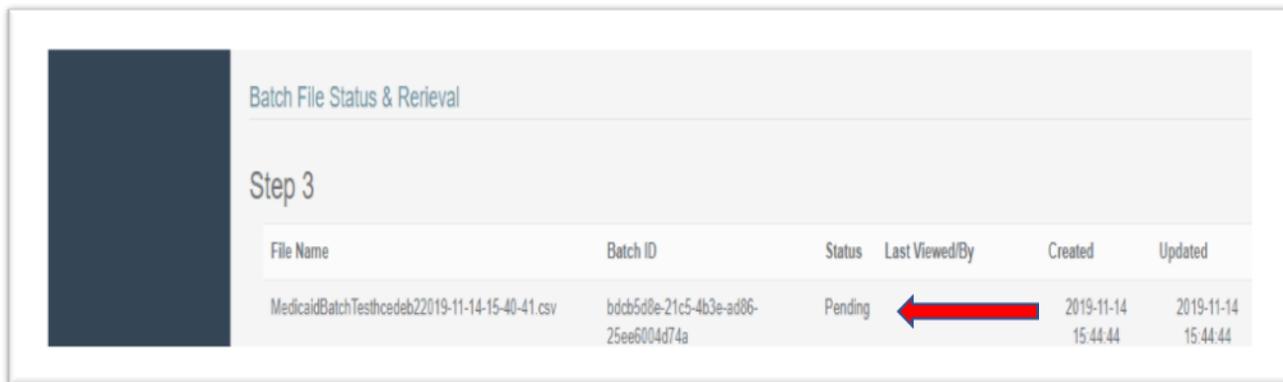
This screenshot is identical to the previous one, but the red arrow now points to the green Submit button.

If the submission is successful “**Batch file submitted**” is indicated in **green**

The screenshot shows the form after a successful submission. The Medicaid State dropdown is now 'Select a State ..', and the Provider ID dropdown is 'Select a provider ..'. The Submit button is still highlighted with a red arrow. A green message bar at the bottom of the form area contains the text 'Batch file is submitted'.

Step 3: Batch File Status & Retrieval

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



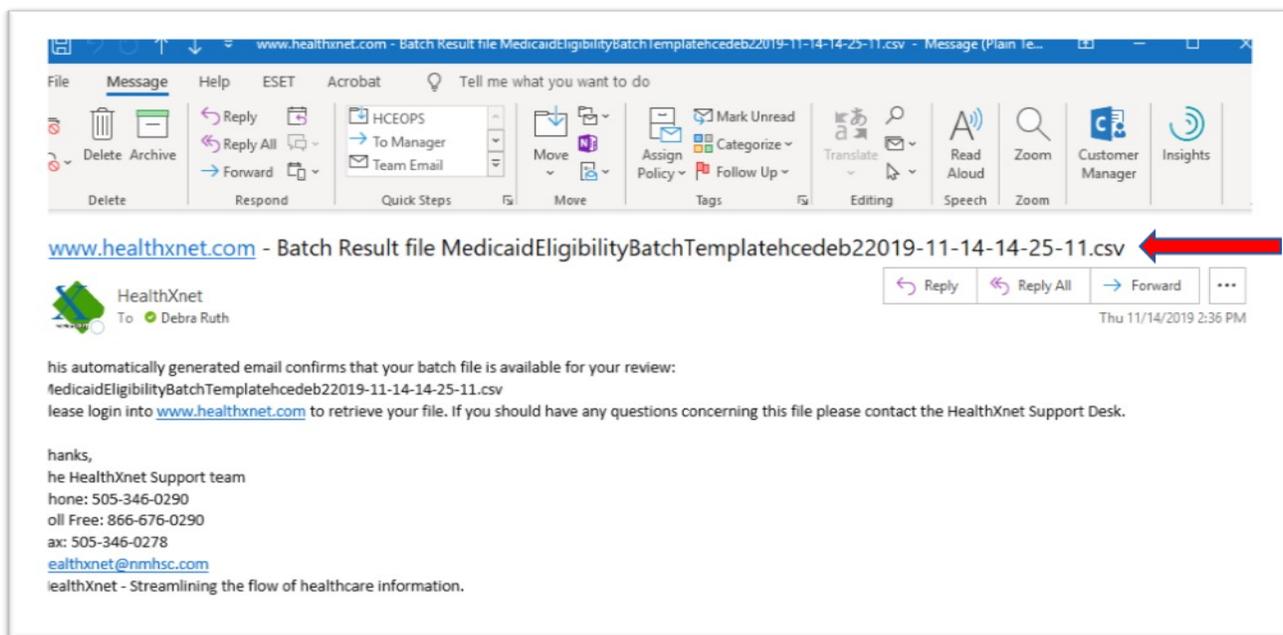
File Name	Batch ID	Status	Last Viewed/By	Created	Updated
MedicaidBatchTesthcedeb22019-11-14-15-40-41.csv	bdc5d8e-21c5-4b3e-ad86-25ee6004d74a	Pending		2019-11-14 15:44:44	2019-11-14 15:44:44

Pending status changed to **“Done”**



File Name	Batch ID	Status	Last Viewed/By	Created	Updated
MedicaidBatchTesthcedeb22019-11-14-15-40-41.csv	bdc5d8e-21c5-4b3e-ad86-25ee6004d74a	Done		2019-11-14 15:44:44	2019-11-14 15:44:44

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)



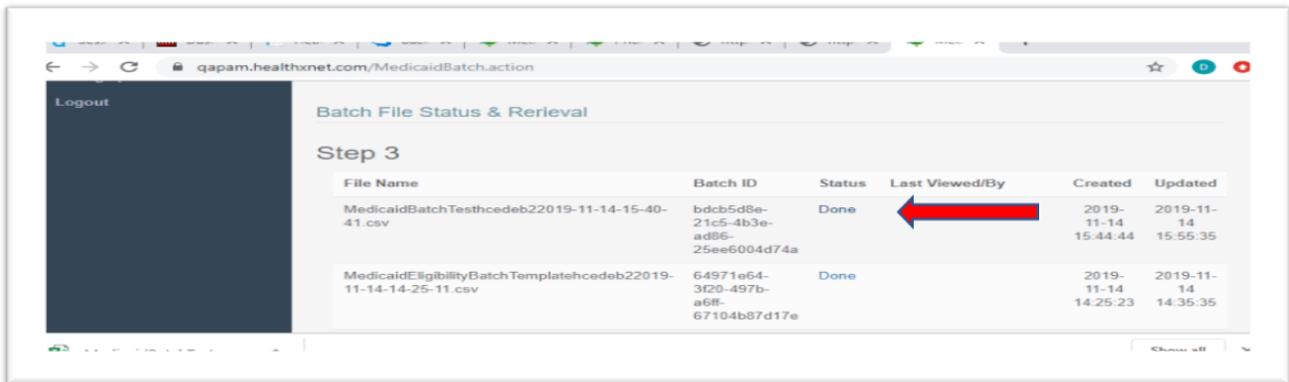
NOTE: The Medicaid Batch file can take up to 24 hours to receive a batch result file depending on how big the file is.

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.

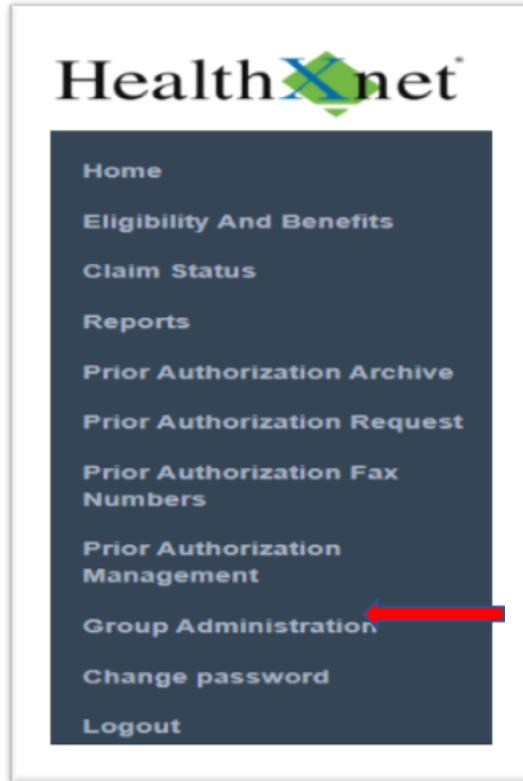
- Tracking ID
- Payer Id
- Trace Number
- Status (Eligible or Not Eligible)
- Status 2 (Active or Not Active)
- Category Code (Centennial Care Category Name and Number)
- MCO (Name of MCO)

A	B	C	D	E	F	G	H	I	J	K	L	M	N
TrackingId	PayerId	TraceNumber	SubscriberLastName	SubscriberFirstName	SubscriberSSN	SubscriberDOB	SubscriberGender	SubscriberId	Date Of Service	Status	Status2	CATEGORY CODE	MCO
2	New Mexico Medicaid	29523809278	DOE	JANE		2/14/1992	F	250000000		Eligible	Active - Full Risk Capitation	Centennial Care Managed Care Program - 100	BLUE CROSS BLUE SHIELD OF NM

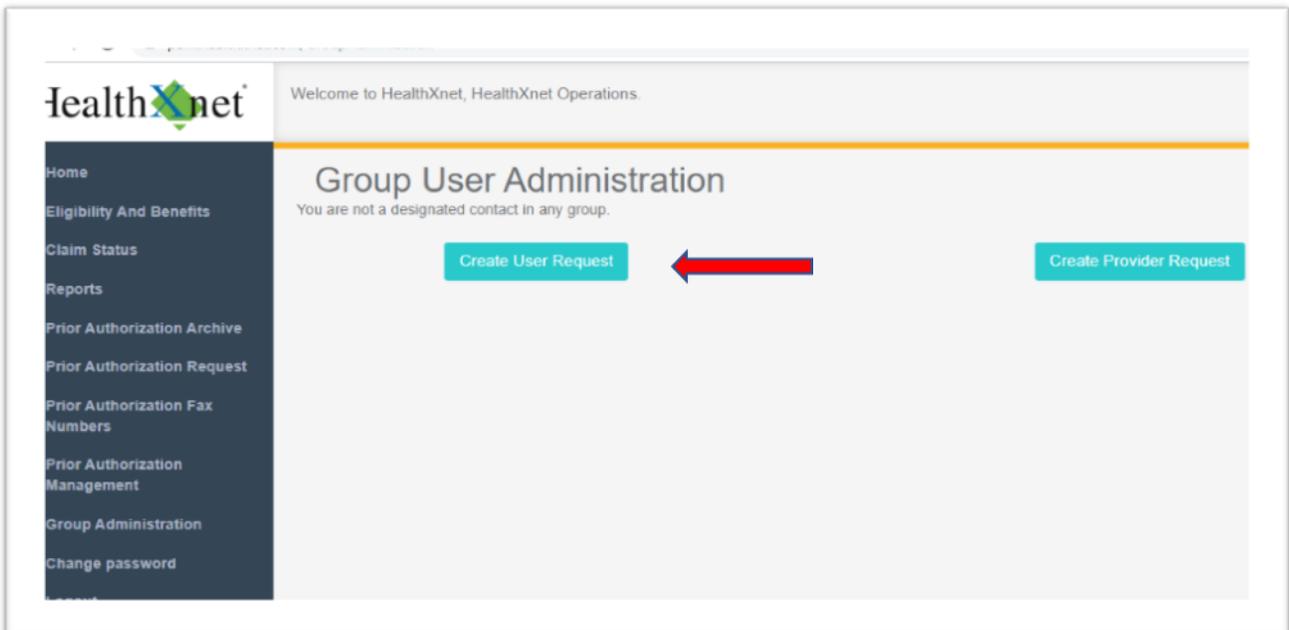
GROUP USER ADMINISTRATION

Group User Administration (Authorized Requestor)

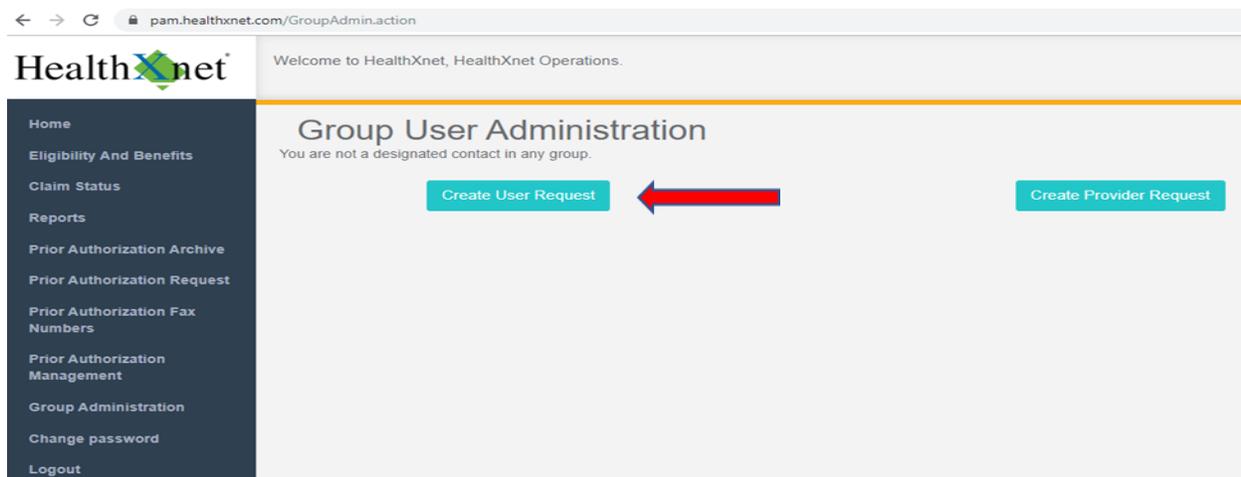
Select **“Group Administration”** from the Application Menu



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

HealthXnet Customer Service

505-343-0070

Healthxnet.com

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