



Batch User Guide

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Eligibility Batch Screen

Figure 1

The screenshot shows the HealthXnet web interface for the Medicaid Eligibility Batch process. On the left, a vertical flow diagram consists of three green boxes: 'Validate', 'Submit', and 'Retrieve', connected by downward-pointing arrows. The main interface features a green sidebar with navigation links: 'Claims Inquiry', 'Eligibility Inquiry', 'Medicaid Eligibility Batch' (highlighted), 'Help', and 'My Profile'. Below these are 'Back One Level' and a 'LOGOUT' button. The main content area is titled 'Eligibility Batch' and contains three numbered sections: 1. 'Batch File Validation' with a 'Batch File' input field and a 'Browse...' button, followed by a 'Validate' button. 2. 'Batch File Submission' with dropdown menus for 'Medicaid State' and 'Provider ID', a 'Batch File' input field marked '(Read Only)', and 'Submit' and 'Cancel' buttons. 3. 'Batch File Status & Retrieval' with a table header containing 'File Name', 'Status', and 'Last Viewed/By'. The top of the page includes the HealthXnet logo, a 'HOME Medicaid Eligibility Batch' breadcrumb, and a 'printable' link.

Medicaid Eligibility Batch

The Medicaid Eligibility Batch is a solution for submitting eligibility transactions to Medicaid Payers as a comma separated file (CSV) which may contain multiple patients. By uploading these CSV files you can send multiple inquires all at one time and receive a response all in one file.

The overall process contains three steps:

1. Validation of Batch File
2. Submitting Batch File
3. Retrieval of Batch File results.

Step 1: Validation of Batch File

Steps in Validating a File

1. Browse for the file and select the CSV file

Batch File Validation

Batch File:

2. Select Validate
3. If Validation is Successful continue to next step

Batch File Validation

Batch File:

MESSAGE: SUCCESSFUL VALIDATION

4. If unsuccessful please read the file for error messages by clicking on the hyperlink, and correct the errors and resubmit

Batch File Validation

Batch File:

MESSAGE: UNSUCCESSFUL VALIDATION. PLEASE READ FILE50\Demo Test Error_hceherman_07-17-2012-16-41-32 Err.csv

File Requirements

Validation of the batch file includes several different parts.

Part A which is validating all of the necessary headers are in place.

Part B which is validating the format of the text.

Part C is validating the combination of field options.

Part D is reviewing the file if the validation has failed.

Part A: CSV Headers

When creating your CSV file it must contain headers to distinguish which information is in which column. It is important to include the following columns in the following order or the validation will not succeed.

Required Header Format:

Subscriber ID	Subscriber SSN	Subscriber First Name	Subscriber Mid Init	Subscriber Last Name	Subscriber Gender	Subscriber DOB	Date of Service
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Example:

	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								
3								
4								

Part B: Text Format Validation

Field	Data Format
Subscriber ID	No Validation
Subscriber SSN	Validate for 9 digits, no alpha
Subscriber First Name	No Validation
Subscriber Mid Init	No Validation
Subscriber Last Name	No Validation
Subscriber Gender	M or F
Subscriber DOB	MM/DD/YYYY, no alpha
Date of Service	MM/DD/YYYY, no alpha

NOTE: Some spreadsheet programs, like Microsoft Excel, will remove leading zeroes from number fields by default. This may cause issues if the data in your Subscriber ID or Subscriber SSN contains one or more leading zeros. If using Excel to create a CSV, HealthXnet Support recommends that you change the format for the Subscriber ID and Subscriber SSN columns to "text".

A HealthXnet Medicaid Batch File Template is available on the HealthXnet Help page (<http://info.healthxnet.com/help.html>). The template is formatted to retain leading zeroes in the Subscriber ID and Subscriber SSN fields.

Part C: Payer required search options

Each Medicaid Payer has a different set of search options that can be submitted in order to receive the benefits for the patient. Each combination option requires all the fields represented.

Example: New Mexico Medicaid option 1 requires the Subscriber ID and Date of Service only, and Option 2 requires to fields Subscriber SSN, Date of Birth and Date of Service. In Option 1 and 2 all the fields are required in that particular combination in order to receive benefit information.

The Date of Service (DOS) is required on all inquiries. And, all dates need to have slashes “/” in order to process. Example: MM/DD/YYYY

Alabama Medicaid:

Option 1	Subscriber ID			DOS
Option 2	Subscriber SSN			DOS
Option 3	Last Name	First Name	Date of Birth	DOS

Arizona Medicaid:

Option 1	Subscriber ID				DOS
Option 2	Subscriber SSN				DOS
Option 3	Last Name	First Name	Date of Birth	Gender	DOS

Colorado Medicaid:

Option 1	Subscriber ID	Date of Birth		DOS
Option 2	Subscriber SSN	Date of Birth		DOS
Option 3	Subscriber SSN	Last Name	First Name	DOS
Option 4	Last Name	First Name	Date of Birth	DOS

Louisiana Medicaid:

Option 1	Subscriber ID	Date of Birth		DOS
Option 2	Subscriber ID	Last Name	First Name	DOS
Option 3	Subscriber SSN	Date of Birth		DOS
Option 4	Last Name	First Name	Date of Birth	DOS

New Mexico Medicaid:

Option 1	Subscriber ID				DOS
Option 2	Subscriber SSN	Date of Birth			DOS
Option 3	Subscriber SSN	Last Name	First Name		DOS
Option 4	Last Name	First Name	Date of Birth	Gender	DOS

New Jersey Medicaid:

Option 1	Subscriber ID			DOS
Option 2	Subscriber SSN	Date of Birth		DOS
Option 3	Subscriber SSN	Last Name	First Name	DOS
	Last Name	First Name	Date of Birth	DOS

Nevada Medicaid:

Option 1	Subscriber ID			DOS
Option 2	Subscriber SSN	Date of Birth		DOS
Option 3	Subscriber SSN	Last Name	First Name	DOS
Option 4	Last Name	First Name	Date of Birth	DOS

Oklahoma Medicaid:

Option 1	Subscriber ID			DOS
Option 2	Subscriber SSN	Date of Birth		DOS
Option 3	Last Name	First Name	Date of Birth	DOS

Texas Medicaid:

Option 1	Subscriber ID			DOS
Option 2	Subscriber SSN	Date of Birth		DOS
Option 3	Subscriber SSN	Last Name		DOS
Option 4	Last Name	First Name	Date of Birth	DOS

Washington Medicaid:

Option 1	Subscriber ID			DOS
Option 2	Subscriber SSN	Date of Birth		DOS
Option 3	Subscriber SSN	Last Name	First Name	DOS
Option 4	Last Name	First Name	Date of Birth	DOS

Part D: Review of Failed Validation

A message will appear if the validation failed: “Unsuccessful Please Read File”. The error messages are presented within the CSV file which is hyperlinked to the file. Open the CSV file to review the validation errors.

Error Messages	Description
Header Error	Header in the CSV file is not in the expected layout as indicated in the example above.
Date of Birth in wrong format	Date form is not in the expected format. Date format should be in MM/DD/YYYY
Date of service in wrong format	Date form is not in the expected format. Date format should be in MM/DD/YYYY
SSN in wrong format	SSN is not in expected format. SSN should be 9 values exactly.

Step 2: Submitting Batch File

After completing the preliminary process you are now able to proceed in sending the CSV file to the appropriate Medicaid State.

Steps in Submitting a File

1. Select the state in which the Medicaid recipients in
2. Select the rendering Provider ID
3. Select the “Submit” button
4. If you have made an error than you may “Cancel” if the “Submit” button has not been selected

Note on Email Notifications

Once your batch is ready for review an email will be sent to the user who submitted the batch only if there is an email provided in the user’s profile – found in in the ‘My Profile’ menu option.

Step 3: Retrieval of the Medicaid Batch File

Batch File Statuses

Batch Statuses	Description
Pending	The file was submitted to the Medicaid payer and is currently pending a response.
Ready	The file was returned with responses from the Medicaid payer.
Viewed	The file was viewed by a user.

In Section 3 – see figure 1 - if the status is “ready”, then the file is ready to be viewed.

Batch File Status & Retrieval			
3	File Name	Status	Last Viewed/By
	MedicaidBatchTemplate_hcejett_02-09-2015-12-50-50.csv	Ready	
	MedicaidBatchTemplate_hcejett_01-13-2015-14-17-48.csv	Ready	
	MedicaidBatchTemplate_hcejett_12-10-2014-11-47-29.csv	Ready	
	MedicaidBatchTemplate_hcejett_12-07-2014-19-28-01.csv	Viewed	hcejett/03-29-2015

Medicaid Batch Eligibility Results

Successful Medicaid batch eligibility processing will indicate if the individual is or is not covered. The file returned by the Medicaid payer will include two status fields. The combination of values of these fields indicates whether the patient is active, inactive, or if your inquiry cannot be processed by the Medicaid system. Please use the HealthXnet web based application to access more detailed eligibility responses from the available Medicaid eligibility systems.

Example File Response

	A	B	C	D	E	F	G	H	I	J	K	L
1	TrackingId	PayerId	TraceNumber	SubscriberLastName	SubscriberFirstName	SubscriberSSN	SubscriberDOB	SubscriberGender	SubscriberId	Date Of Service	Status	Status 2
2	1	NM Medicaid	1568651000	PATIENT 1	PATIENT 1						Inactive	Inactive
3	2	NM Medicaid	1568680001	PATIENT 2	PATIENT 3						Inactive	Inactive
4	3	NM Medicaid	1568649002								Not found	Subscriber/Insured Not Found
5	4	NM Medicaid	1568670003								Not found	Subscriber/Insured Not Found
6	5	NM Medicaid	1568640004	PATIENT 4	PATIENT 4		1/2/2012	F	A222222		Eligible	Active Coverage
7	6	NM Medicaid	1568640005	PATIENT 5	PATIENT 5	55555555	1/2/2012	F	V222222		Eligible	Active Coverage
8	7	NM Medicaid	1568650006	PATIENT 6	PATIENT 6		2/2/2012	F	S222222		Eligible	Active Coverage
9	8	NM Medicaid	1568650007	PATIENT 7	PATIENT 7	66666666	4/5/2012	F	Y444444		Eligible	Active Coverage

Possible Status Results

Status ¹	Status2
Eligible	Active Coverage
Inactive	Non-Covered
Inactive	Inactive
Insufficient Application Data ²	Unknown
Not Found	Patient Not Found
Not Found	Subscriber/Insured Not Found
Not Found	Invalid/Missing Subscriber/Insured ID
Other Eligible ³	Cannot Process
Provider Validation ⁴	Invalid/Missing Provider Identification
Validation Error ⁵	HDX Rejection

Specific to New Mexico Medicaid and Texas Medicaid

Two additional fields of information are returned by New Mexico Medicaid and Texas Medicaid for each patient; the Category Code and the name of the Managed Care Organization (MCO).

K	L	M	N
Status	Status 2	CATEGORY CODE	MCO
Eligible	Active - Full Risk Capitation	Centennial Care Managed Care Program - 036	MOLINA HEALTHCARE
Eligible	Active - Full Risk Capitation	Centennial Care Managed Care Program - 032	PRESBYTERIAN HEALTH PLAN
Not found	Subscriber/Insured Not Found		
Eligible	Active - Full Risk Capitation	Centennial Care Managed Care Program - 072	PRESBYTERIAN HEALTH PLAN
Eligible	Active - Full Risk Capitation	Centennial Care Managed Care Program - 032	MOLINA HEALTHCARE
Eligible	Active - Full Risk Capitation	Centennial Care Managed Care Program - 401	PRESBYTERIAN HEALTH PLAN
Eligible	Active - Full Risk Capitation	Centennial Care Managed Care Program - 400	PRESBYTERIAN HEALTH PLAN

¹ Status: Eligibility results may vary between different state Medicaid payers.

² Insufficient Application Data: typically a rejection status that is produced when there are not enough required data elements in the file sent. Review the data requirements for each Medicaid payer and resubmit.

³ Other Eligible: a rejection when the Medicaid payer is unable to quote the patient’s eligibility electronically. Contact the Medicaid payer for eligibility and benefits.

⁴ Provider Validation: this rejection appears when the provider ID submitted does not match what the payer has in their records. Please verify your provider ID number on file with HealthXnet.

⁵ Validation Error: this rejection is specific to a provider ID number issue. Please verify your provider ID number on file with HealthXnet.

How to get Help

The staff of HealthXnet recognizes the importance of having a system that is easy to use. If you have any problems with this system or you have any suggestions please contact us.

HealthXnet Customer Support



Call the HealthXnet Support Desk if:

- You forget your password and cannot reset it by email.
- You forget your User ID.
- You receive a message that your user ID or password is invalid or revoked.
- You have the wrong provider IDs or need access to new provider IDs.
- You have questions about using the HealthXnet application.
- You experience technical difficulties in the HealthXnet application.
- You receive an error screen (please print the screen before calling).

Contact your in-house technical support staff if:

- You can't connect to the HealthXnet web site, or to other websites like Yahoo! And Google.
- You receive an error screen ("HTTP Error 403") when you try to access the HealthXnet application. You may need a newer version of your browser loaded onto your PC desktop.
- You are having any problems with your PC desktop that are not directly related to your use of the HealthXnet application.

Contact the specific Health Plan if:

- You have any questions that are related to the specific health plan data that is displayed on the HealthXnet application's screens.

Frequently Asked Questions (FAQs)

1. Some information that I send doesn't return in the file received. Why?
 - This normally happens when the user is inactive or not found, and the response from the payer will only include the results.
 - However the opposite happens when the patient is found, more information is sometimes returned depending on the payer setup.
2. How do I know which information belongs to which member if the data that I sent doesn't come back?
 - The file is returned in the same exact order that it was sent.
 - By copying and pasting the information from one file to another you should be able to tell which eligibility information belongs to which Medicaid member.
3. What is the TraceNumber?
 - The TraceNumber is an automated generated number that is used to track user issues or problems within a CSV file.
 - The TraceNumber is not generated by the Medicaid payer.
4. Why didn't I get an email notifying me that the batch I submitted was ready?
 - In order to receive an email notification notifying you that your batch is ready for review you must go into "My Profile" and update your user profile with an email address.
5. Are there a maximum number of records I can submit in a single file?
 - Your upload file should contain a minimum of 1 record and a maximum of 2,500 records.
6. Why don't I get the Manage Care Organization (MCO) or Category Codes from all of the Medicaid offices using batch files?
 - Each Medicaid payer returns the information that is available or that they are willing to return.
7. Why can't I upload a regular Excel file with data?
 - The current configuration for batch processing only allows for CSV text files to be sent and retrieved from the Medicaid payers. Text files are more system friendly because it only includes text data without additional formatting computer program codes.
8. Why do I get different Eligibility information from all of the Medicaid payers?
 - The eligibility information is directly from the Medicaid payer. Each Medicaid payer may describe eligibility and benefit information differently.