



Provider Portal Training

Introduction and registration

Welcome to the MHNet provider portal

The MHNet provider portal is the web-based tool for behavioral health providers to access the following functionality:

- Claim inquiries and submissions
- Viewable remittance advices
- Eligibility inquiries
- Authorization inquiries, submissions and the message center

The following functionality will be covered in Module 1 of the MHNet provider portal training:

- Introduction and Registration

MHNet provider portal

- Real-time
 - Information is as accurate as our current system; You see what we see!
- No fees with MHNet provider portal
- User-friendly functionality
- Less data entry gets you more results
- Robust information
- Online remittance advices
- More control
 - Administrative functionality

Security of site

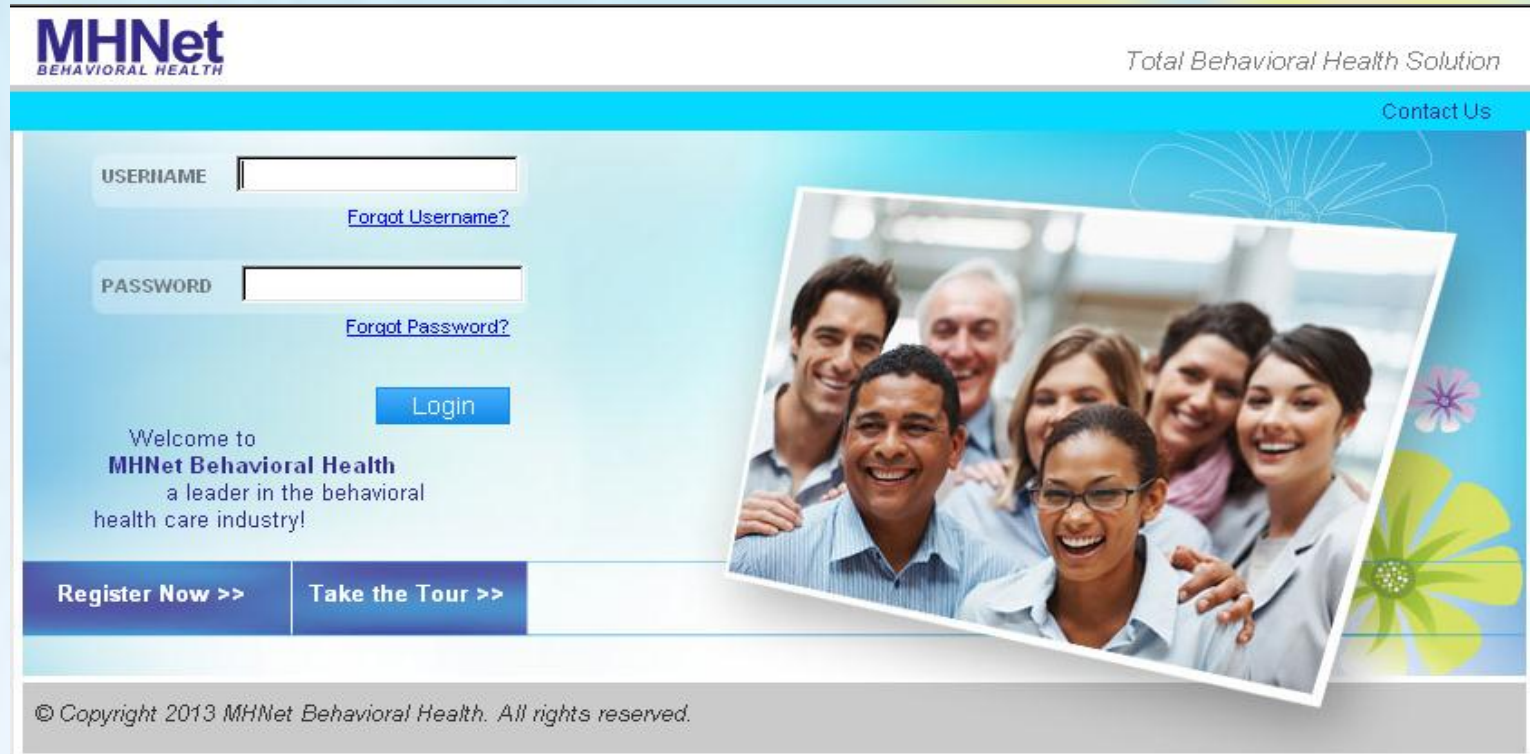


- HIPAA compliant
- Administrator control over
 - Who has access
 - What they have access to
 - When they have access
 - Adding and deleting users

MHNet provider portal login screen

Access the MHNet provider portal: www.mhnetprovider.com

To learn more about the MHNet provider portal click the “Take the Tour” link for interactive videos.



MHNet
BEHAVIORAL HEALTH

Total Behavioral Health Solution

Contact Us

USERNAME

[Forgot Username?](#)

PASSWORD

[Forgot Password?](#)

Login

Welcome to
MHNet Behavioral Health
a leader in the behavioral
health care industry!

Register Now >> Take the Tour >>

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MHNet provider portal registration

Go to **www.mhnetprovider.com**

If your Tax ID is not yet registered:

- Determine who is going to be the site administrator
- Click “*Register Now!*”
- Fill out the requested information
- A user ID will be sent to the email account you designate
- A letter will be sent acknowledging the new service has been set up

If your Tax ID is already registered:

- Contact your providers site administrator
- Request they set up your user ID and password
(and skip to page 14 to continue this section)

Registration

Step 1

Administrators select:

- Provider office or billing agency*
- Enter tax ID number
- Enter IDX number (assigned by MHNNet)
- Click next to continue

STEP 1 Register Your Practice

Product Identification

OFFICE TYPE

Please identify your office as either a provider office or a billing agency.

Provider Office
 Billing Agency

Enter a Tax Identification Number

Tax Identification Number

IDX Number

The IDX Number can be found on the top left hand corner of your Remittance Advice or by contacting your Provider Relations Representative. For additional assistance, please contact Net Support at 1-866-629-3975, Monday - Friday, 8am to 6pm Eastern Time.

Cancel **Next >**

*Provider Administrators can grant access to Billing Agency users (refer to Module 2)

Registration

Step 2

Administrators can verify the information.

Proceed to administrator registration.

STEP 2 Register Your Practice

Product Verification

Health Plans

We have verified your information. You will be shown in **MHNletProvider.com** by the name shown in *Practice Name* field. You may edit the field if needed.

Tax Identification Number
123456789

Provider Number
54321

Practice Name

< Previous Cancel **Next >**

Registration

Step 3

Establish the administrator demographic information for your account.

- Include name, address, phone number, email
- Create a password
- Click next to continue

STEP 3 Register Your Practice

Account Administrator Information

Please enter the information requested below. An asterisk (*) indicates that a field is required.

Account Administrator Information

First Name *	<input type="text" value="Laura"/>
Last Name *	<input type="text" value="Hall"/>
Middle Initial	<input type="text" value="G"/>

Work Address 1 *	<input type="text" value="750 Riverpoint Dr"/>
Work Address 2	<input type="text"/>
Country *	<input type="text" value="UNITED STATES"/>
ZIP Code *	<input type="text" value="95605"/> #### Refresh City, County, and State
City *	<input type="text" value="WEST SACRAMENTO"/>
County *	<input type="text"/>
State *	<input type="text" value="CA"/>
Phone Number *	<input type="text" value="916-617-3035"/> ###-###-####

E-Mail *	<input type="text" value="lhall@aetna.com"/>
Verify E-Mail *	<input type="text" value="lhall@aetna.com"/>

Password

Your password must contain at least one uppercase character, one lowercase character, and one digit. Password cannot contain spaces or non-alphanumeric characters. The temporary password that you choose will be used for your first log-in to the system—it will not be sent to you with your access confirmation e-mail **so please make a note of it.**

Password *	<input type="text"/>	Verify Password *	<input type="text"/>
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< Previous Cancel Next >

Registration

Step 4

Agree to the Registration Agreement and click accept to continue to step 5 and complete the registration process.

Registration Agreement

This Registration Agreement (Agreement) is made between MHN Net Specialty Services, LLC (MHN Net) and each registrant/user from a provider office or billing office registering for MHN Net Provider.com and is effective immediately upon acceptance of the terms set herein.

MHN Net has developed a Provider Portal website (www.MHNNetProvider.com) (the "Website") for use by it and participating providers. As a condition to using Website, each registrant/user agrees to the following terms and conditions:

1. I have been given authorization to register for this website by and solely on behalf of the provider group/hospital that employs me and access and use is permitted for authorized purposes only.
2. I will notify MHN Net to disable my website access whenever my responsibilities no longer necessitate using this website or when my employment with this provider group/hospital terminates.
3. I understand that personal information provided by me during registration for access to this Website will be used to authenticate me as a valid user. I further understand that some of the information I provide may be stored in MHN Net systems for validation and reporting purposes, but will not be used in any other way by MHN Net nor will it be disclosed to any third party, except as required by law.
4. I agree not to use (or allow any third party to use) any automated script to submit any form or other database entry to this Website. Furthermore, I will not use (or allow any third party to use) any robot, spider, scraper or other automated means to access the Website for any purpose, including but not limited to performing "online" searches and mining, without MHN Net's express written permission. Additionally, I agree that I will not: (i) take any action that is likely to impose an unreasonable or disproportionately large load on our infrastructure; (ii) interfere or attempt to interfere with the proper working of the Website or any activities conducted on the Website; (iii) harvest email addresses from the Website for any purpose whatsoever, or (iv) bypass MHN Net's our robot exclusion methods or other measures we may use to prevent or restrict access to the Website. Any breach of this obligation shall lead to the termination or suspension of my ability to use of the Website.
5. I understand that it will be my responsibility to enroll and maintain my practice users access to the website. I will terminate access to the website immediately for employees who no longer require access or terminate employment with my practice. I will limit user activity to the functions which are required for that person's daily job requirements and work hours.
6. I will protect the User Name and Password I choose during the registration process from unauthorized disclosure and use. I understand that I am responsible for all actions performed while logged in under my User Name and Password. If I have any reason to believe my Password has been compromised, I will immediately change the Password online. I will immediately report suspected or actual misuses of my User Name and Password to both my employer and MHN Net Specialty Services, LLC.
7. I understand that MHN Net may amend these terms and conditions at any time without notice to me.
8. I understand that registration request must be submitted by either a provider practice or billing office administrator and that fraudulent registration will result in legal action or termination of access by MHN Net.

By using the Website, I agree to these terms and conditions.

Print < Previous Cancel **Accept**

Registration

Step 5

Note your system-generated user name.

Click done to return to the Login screen.

STEP 5 *Register Your Practice*

Registration Successful

Thank you for registering. Your tracking number for this request is 25681. When your request has been verified you will receive an e-mail containing log in information and a link to the user guide. If you have not received your e-mail within one business day please contact CSO Net Support at **1-866-629-3975**.

Your User Name

Your user name is:

do8003jo

After your account has been activated, use your user name and the password you created during Step 3 to log in .

Tracking Number

Your tracking number for this request is:

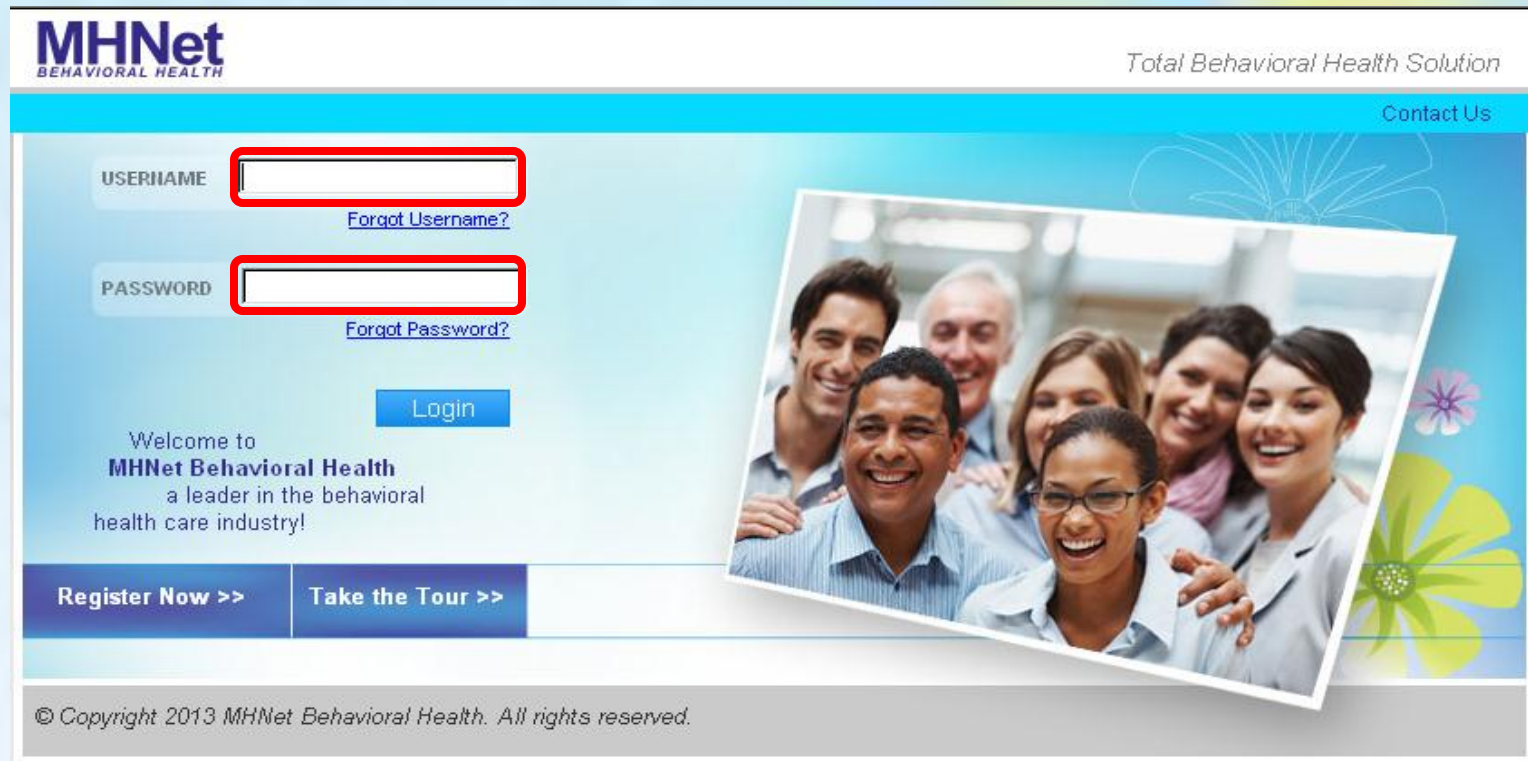
25681

Please have your tracking number ready if contact with CSO Net Support about your s registration is necessary.

Done

Administrator login

Enter your new user name and the password you created during the administrator registration.



MHNNet
BEHAVIORAL HEALTH

Total Behavioral Health Solution

Contact Us

USERNAME

[Forgot Username?](#)

PASSWORD

[Forgot Password?](#)

Login

Welcome to
MHNNet Behavioral Health
a leader in the behavioral
health care industry!

Register Now >> Take the Tour >>

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Initial login

During the initial login you need to read and accept the user acceptance agreement to proceed.

User Acceptance Agreement

Please take a few minutes to read carefully the Terms and Conditions of Use and our Privacy Policy. MH Net Speciality Services LLC and each of its subsidiaries are collectively referred to hereafter as the "Company," "we," "our" or "us."

Terms and Conditions of Use

Acknowledgment of the Company's Terms and Conditions of Use

As a user of the Company's web content, it is imperative that you review and understand the Company's policies concerning use of its websites contained within the Company's "Terms and Conditions of Use" and "Privacy Policy."

By using the Company's websites, you are consenting to the Terms and Conditions of Use and the Privacy Policy set forth below. Likewise, you acknowledge that use of the Company's websites is at your risk and discretion.

The Company reserves the right at its discretion to modify the Terms and Conditions of Use and the Privacy Policy from time to time. Your continued use of the websites after any such modifications shall constitute your agreement to be bound by any such changes. The Company may modify, suspend or discontinue all or any portion of its websites without notice or liability.

Disclaimer

The information contained on these websites is for informational purposes only and no warranty is made that the information is error-free. The information contained within the Company's web pages may be, at any time, outdated and may include inaccuracies and/or errors. Information may change at any time without notice.

NEITHER COMPANY, NOR ANY OF ITS AFFILIATES, EMPLOYEES, AGENTS, LICENSORS OR CONTENT PROVIDERS MAKES ANY REPRESENTATIONS OR WARRANTIES OF ANY KIND REGARDING ITS WEBSITES, THE CONTENT OR ANY SERVICE PROVIDED HEREIN. THE CONTENT AND SERVICES ARE PROVIDED ON AN "AS IS" BASIS AND COMPANY SPECIFICALLY DISCLAIMS ANY EXPRESS OR IMPLIED WARRANTIES, INCLUDING WITHOUT LIMITATION, WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE, WARRANTIES OF MERCHANTABILITY OR WARRANTIES AGAINST INFRINGEMENT. COMPANY, ITS AFFILIATES, EMPLOYEES, AGENTS, LICENSORS AND CONTENT PROVIDERS SHALL NOT BE LIABLE FOR ANY DAMAGES OR LOSSES, INCLUDING, WITHOUT LIMITATION, INDIRECT, CONSEQUENTIAL, SPECIAL, INCIDENTAL OR PUNITIVE DAMAGES, LOST PROFITS, LOSS OF PROGRAMS OR DATA, OR INTERRUPTION IN BUSINESS ACTIVITY, RESULTING FROM OR CAUSED BY THE COMPANY'S WEBSITES, THEIR CONTENT, OR ANY SERVICES PROVIDED HEREIN.

Initial login for users

During the initial login a user will be required to change their temporary password.

Users can update their demographics and select a security question and answer for a forgotten password.

Click submit profile to continue.

Change Password

YOU MUST CHANGE YOUR PASSWORD BEFORE ENTERING.

Username do8003jo

Current Password

New Password

Confirm Password

CHANGE PASSWORD

Welcome Sally—Edit Your Profile

Please verify the following information. Fields marked with an asterisk (*) are required.

Name And Title

First Name *

Last Name *

Middle Initial

Title * Other

Note—Changing your address in here does *not* change your address as it is associated to your tax identification number in the payer's system. To change the address related to your tax identification number, please contact your provider representative.

Address And Phone Number

Work Address 1 *

Work Address 2

Country * UNITED STATES

ZIP Code * 60040 [Refresh City, County, and State](#)

City * GRANITE CITY

Country *

State * IL

Phone Number *

E-Mail Address

E-mail *

Security Question And Answer

Security Question * What's your mother's maiden name

Security Answer *

Use the Message Center to communicate with us. When a new message is added to your Message Center Inbox, we will notify you by sending an e-mail message to the e-mail address specified above. Indicate how often you want to receive these notifications:

Notify Me By E-Mail With:

EVERY MESSAGE NO NOTIFICATION ONCE A DAY

Initial login

Step 1 select the applicable Tax ID from the drop down list; click “Yes” to enter an email address if you would like to receive and email when a new RA is becomes available.

Favorite Mental Health Provider List

Follow the steps below to create a Favorites List of the providers that you will use frequently on MHNetProvider.com. This list gives you quick access to the providers that you use most often. You can update your Provider Favorites List at any time by clicking the **Edit** button that appears next to your health plan selection on the home page.

Note:

Step 1: Select A Tax ID

Your favorites list is different for each tax identification number. Please select a tax identification number for this list:

Tax ID:

Yes, I want to receive an email when a new remittance advice is available. I understand enrollment in Electronic Funds Transfer is required to receive email notifications.

Note: If currently enrolled for Electronic Funds Transfer, it is not necessary to re-enroll to receive the email notifications.

Add Email Address For Tax ID

Please enter the email address that will receive the remittance advice notification. You may edit this address later on the Edit Plan Group page.

Enter Email Address

Confirm Email Address

e.g., yourname@practice.com

Initial login

Step 2 click the desired providers (or click Select All), then click “Add”

Step 3 previously selected providers can be checked and removed, ultimately the user will click “Done”

Step 2: Add Providers

There is 1 provider available for **MHNet Behavioral Health**. To add this provider to your favorites list, check its box, and then click the Add button.

Provider Name	Provider Number	Start Date	End Date	Select All
[Redacted]				
1. [Redacted]	[Redacted]	09/15/2008		<input checked="" type="checkbox"/>

ADD

Step 3: Review Your Favorites List

Your favorites list for tax ID number [Redacted] and **MHNet Behavioral Health** contains 1 provider. To remove providers from the list, check the boxes for the providers you want to remove, and then click the Remove button.

Provider Name	Provider Number	Start Date	End Date	Select All
[Redacted]				
1. [Redacted]	[Redacted]	09/15/2008		<input type="checkbox"/>

REMOVE

DONE

MHNet provider portal home screen

- Logout by clicking logout (the application will timeout after 25 minutes of inactivity)
- Access online help (tutorials and frequently asked questions)
- Contact us to display the toll free number to Net Support

MHNet
BEHAVIORAL HEALTH

Welcome

Logout Online Help Contact Us

HOME
MANAGE ACCOUNT
MESSAGE CENTER
CLAIM INQUIRY
CLAIM SUBMISSION
REMITTANCE ADVICES
ELIGIBILITY
AUTHORIZATIONS

Select A Tax ID Number: [dropdown] [EDIT]
Select A Health Plan: MHNet Behavioral Health [dropdown]
Select (Provider List Preferences) [dropdown]
Select/Enter A Provider: [dropdown]

Click [here](#) to enroll in EFT and go paperless for MHNet. You may also [cancel](#) your current EFT enrollment.

CLAIM INFORMATION

- Claims [rejected](#)
- Claims [pending](#)
- Claims [denied](#)
- Claims [paid](#)

Check information about claims under each status for the past 30 days for your current provider.

MESSAGE CENTER (9) NEW MESSAGES

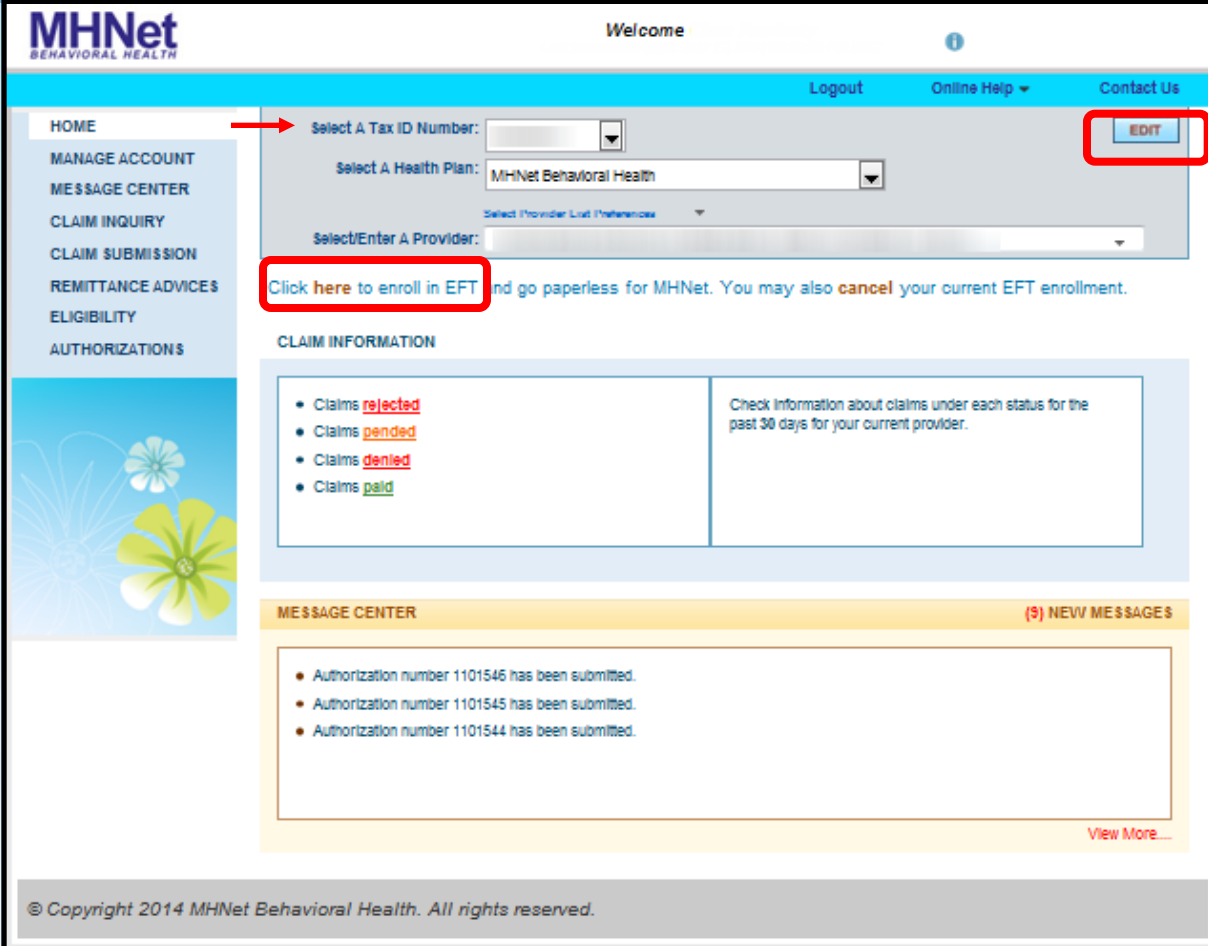
- Authorization number 1101546 has been submitted.
- Authorization number 1101545 has been submitted.
- Authorization number 1101544 has been submitted.

[View More...](#)

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MHNet provider portal home screen

- Edit their favorite mental health provider list
- Switch between multiple Tax ID numbers and providers
- Enroll in EFT (Electronic Fund Transfer) or cancel current enrollment.



MHNet
BEHAVIORAL HEALTH

Welcome

Logout Online Help Contact Us

HOME → Select A Tax ID Number: [dropdown] [EDIT]

Select A Health Plan: MHNet Behavioral Health [dropdown]

Select (Provider List Preferences) [dropdown]

Select/Enter A Provider: [dropdown]

[Click here to enroll in EFT](#) and go paperless for MHNet. You may also **cancel** your current EFT enrollment.

CLAIM INFORMATION

- Claims **rejected**
- Claims **pending**
- Claims **denied**
- Claims **paid**

Check information about claims under each status for the past 30 days for your current provider.

MESSAGE CENTER (9) NEW MESSAGES

- Authorization number 1101546 has been submitted.
- Authorization number 1101545 has been submitted.
- Authorization number 1101544 has been submitted.

[View More...](#)

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EFT Enrollment

- Enter provider's name
TIN and NPI
- Add the provider's
banking contact
information (The email
address will auto-
populate based on the
users profile, but it may
be changed if the
contact is not the
administrator.)
- Complete the provider
agent section if
applicable.

The screenshot displays the MHN Net Behavioral Health website interface. At the top, the logo "MHN Net BEHAVIORAL HEALTH" is on the left, and "Welcome" is on the right. Below the logo is a navigation menu with "HOME", "MANAGE ACCOUNT", "MESSAGE CENTER", "CLAIM INQUIRY", "CLAIM SUBMISSION", "REMITTANCE ADVICES", "ELIGIBILITY", and "AUTHORIZATIONS". To the right of the logo is a blue header with "Logout", "Online Help", and "Contact Us". Below the header are four buttons: "Manage Groups", "Manage Users", "Edit My Profile", and "Change My Password". Under "Manage Groups" are "Modify a Group" and "EFT Form" buttons. The main content area is titled "Electronic Funds Transfer Form" with a "*Required" label. The form contains several sections: 1. "Provider Name:" with a text input field. 2. "Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):" with a dropdown menu and a "National Provider Identifier (NPI):" with a text input field. 3. "Provider Contact Information:" with fields for "Provider Contact Name:", "Telephone Number:", "Telephone Number Extension:", "Email Address:", and "Fax Number:". 4. "Provider Agent Contact Information:" with fields for "Provider Agent Name:", "Provider Agent Contact Name:", "Telephone Number:", "Telephone Number Extension:", "Email Address:", and "Fax Number:".

EFT Enrollment

- Enter banking information
- Note - changes to a TIN with effective EFT, will replace the prior settings
- Select whether the EFT Enrollment applies to the entire TIN or whether it applies only to specific NPIs
- Add a reason for EFT
- Indicate that you understand the terms of EFT enrollment and electronic RAs
- Submit

FOR PUBLIC USE

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BEHAVIORAL HEALTH

Welcome

Logout Online Help Contact Us

Manage Groups Manage Users Edit My Profile Change My Password

Modify a Group EFT Form

Electronic Funds Transfer Form *Required

Financial Institution Information:

*Financial Institution Name:

*Financial Institution Routing Number:

*Type of Account at Financial Institution:

*Provider's Account Number with Financial Institution:

Name ADDRESS CITY, STATE, ZIP 1025

Bank Name ADDRESS CITY, STATE, ZIP

1025

Bank Routing Number Bank Account Number Check Number

Account Number Linkage to Provider Identifier:

Selection of TIN will indicate EFT applies to entire TIN.

Provider Tax Identification Number (TIN):

Selection of NPI(s) will indicate EFT applies to only NPI(s) specified.

National Provider Identifier (NPI):

Signature and Dates:

*Reason for Submission:

Authorized Signature:

I agree that I have read and understand the authorization requirements for MHNNet Behavioral Health, LLC. EFT enrollment.

I understand that by enrolling for EFT payments, MHNNet will no longer send paper remittance advices to me. However, PDFs will be made available to me via the MHNNet provider portal, www.MHNNetProvider.com.

Cancel Submit

MHNet provider portal home screen



Within the Home Screen users can:

- Manage their account (Module 2 training)
- Message center (Module 5)
- Claim inquiry and submission (Module 3)
- Remittance Advices (Module 3)
- Eligibility (Module 4)
- Authorizations (Module 5)

MHNet provider portal contact information

Claims assistance, please call **1-866-992-5246**.

MHNet provider relations, please call **1-855-995-4086**.

For technical difficulties call Net Support (8 am to 6 pm Eastern Time, Monday through Friday) **1-866-629-3975**.