



Provider Portal Training

# Introduction and Registration

# Welcome to the MHNNet Provider Portal

The MHNNet Provider Portal is the web-based tool for Behavioral Health providers to access the following functionality:

- Claim Inquiries & Submissions
- Viewable Remittance Advices
- Eligibility Inquiries
- Authorization Inquiries

The following functionality will be covered in Module 1 of the MHNNet Provider Portal training:

- Introduction & Overview
- Registration & Initial Login Process

# 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

- To access the MHNet Provider Portal visit the following URL:  
[www.MHNetProvider.com](http://www.MHNetProvider.com)
- To learn more about the MHNet Provider Portal click the Take the Tour link for interactive videos



The screenshot shows the MHNet Behavioral Health login interface. At the top left is the MHNet logo with the tagline 'BEHAVIORAL HEALTH'. At the top right is the text 'Total Behavioral Health Solution' and a 'Contact Us' link. The main area features a login form with 'USERNAME' and 'PASSWORD' fields, each with a 'Forgot' link below it. A blue 'Login' button is positioned below the password field. To the right of the form is a photograph of a diverse group of healthcare professionals smiling. Below the form are two buttons: 'Register Now >>' and 'Take the Tour >>'. At the bottom left, there is a copyright notice: '© Copyright 2013 MHNet Behavioral Health. All rights reserved.'

# MHNet Provider Portal Registration...

- Go to [www.MHNetProvider.com](http://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

***Note: If your Tax ID is already registered you must contact your providers Site Administrator to have them set up your user ID and password (and skip to page 14 to continue this section)***



# MHNet Provider Portal Registration...

**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.

- In Step 1 the Site Administrator will select the “Provider Office” option
- Then enter their Tax ID Number and IDX Number assigned by MHNet
- Then click “Next” to continue

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

# MHNet Provider Portal Registration...

**STEP 2 Register Your Practice**

**Product Verification**

**Health Plans**

We have verified your information. You will be shown in **MHNetProvider.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**  
DOE PHD, JOHN

< Previous   Cancel   **Next >**

- In Step 2 the Site Administrator verifies the TAX ID Number, Provider Number and Practice Name by clicking “Next” to continue or “Previous” to change



# MHNet Provider Portal Registration...

**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**

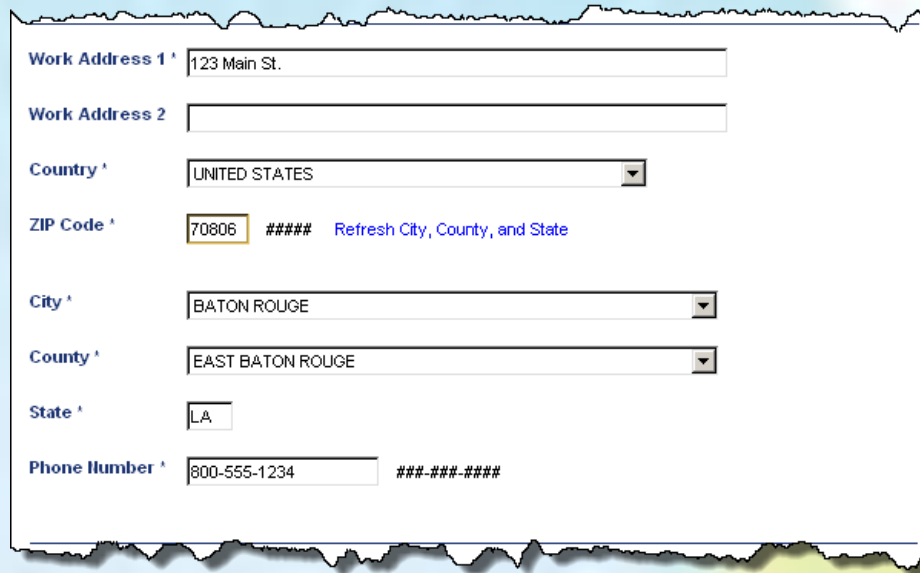
First Name \*

Last Name \*

Middle Initial

- In Step 3 the Site Administrator will enter their demographic information
- This section includes their First and Last Name and Middle Initial
- Fields marked with an asterisk are required

# MHNet Provider Portal Registration...

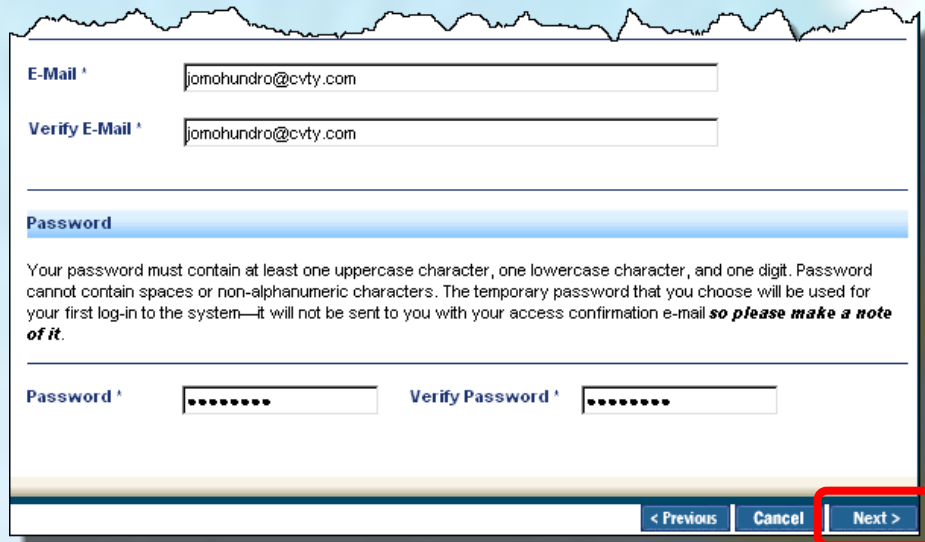


The screenshot shows a registration form with the following fields and values:

- Work Address 1 \***: 123 Main St.
- Work Address 2**: (empty)
- Country \***: UNITED STATES (dropdown menu)
- ZIP Code \***: 70806 ##### Refresh City, County, and State
- City \***: BATON ROUGE (dropdown menu)
- County \***: EAST BATON ROUGE (dropdown menu)
- State \***: LA
- Phone Number \***: 800-555-1234 ###-###-####

- In Step 3 the Site Administrator will enter their demographic information
- This section includes their Address information and phone number

# MHNet Provider Portal Registration...



E-Mail \*

Verify E-Mail \*

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**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 \*  Verify Password \*

< Previous Cancel **Next >**

- In Step 3 the Site Administrator will enter their demographic information
- This section includes their email address and temporary Password
- Click “Next” to continue

# MHNet Provider Portal Registration...

## Registration Agreement

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

MHNet has developed a Provider Portal website (www.MHNETProvider.com) (the "Website") for use by its 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 MHNet to disable my website access (when 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 MHNet systems for validation and reporting purposes, but will not be used in any other way by MHNet 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 "offline" searches and mirroring, without MHNet'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 MHNet'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 I 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 MHNet Specialty Services, LLC.
7. I understand that MHNet may amend these terms and conditions at any time without notice to me.
8. I understand that registration requests 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 MHNet.

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

Print < Previous Cancel **Accept**

- In Step 4 the Site Administrator can read/print the Registration Agreement
- Then click "Accept" to continue to Step 5 and complete the registration process

# MHNet Provider Portal Registration...

**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**

- In Step 5 the Site Administrator will be provided their system generated User Name
- Click “Done” to return to the Login screen
- Enter the User Name and Password to continue

# MHNet Provider Portal Initial Login...

## User Acceptance Agreement

Please take a few minutes to read carefully the Terms and Conditions of Use and our Privacy Policy. MHNet Specialty Services, LLC and each of its subsidiaries are collectively referred to hereinafter 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.

ACCEPT

DECLINE

- During the initial login the user will read and "Accept" the User Acceptance Agreement to successfully login



# MHNet Provider Portal Initial Login...

**Change Password**

*YOU MUST CHANGE YOUR PASSWORD BEFORE ENTERING.*

**Username** do8003jo

**Current Password**

**New Password**

**Confirm Password**

**CHANGE PASSWORD**

- During the initial login the user will be required to change their temporary Password
- Click “Change Password” to continue

# MHNet Provider Portal Initial Login...

**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 \*

**Address And Phone Number**

Work Address 1 \*

Work Address 2

Country \*

ZIP Code \*  #### Refresh City, County, and State

City \*

County \*

**E-Mail Address**

E-mail \*

**Secret Question And Answer**

Secret Question \*

Secret Answer \*

**SUBMIT PROFILE**

- During the initial login the user can update their demographics and select a Security Question and Answer for a forgotten Password
- Click “Submit Profile” to continue

# MHNet Provider Portal Initial Login...

- During the initial login the user can modify their Favorite Mental Health Provider List (*this can also be performed during any subsequent login*)
- In 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:**

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**Step 1: Select A Tax ID**

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

**Tax ID:** [Dropdown menu]

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** [Text input field]      **Confirm Email Address** [Text input field]

e.g., yourname@practice.com

**Cancel**      **Add Email**

# MHNet Provider Portal Initial Login...

- During the initial login the user can review and modify their Favorite Mental Health Provider List (*this can also be performed during any subsequent login*)
- In Step 2 click the desired providers (or click Select All), then click “Add”

**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
				<input checked="" type="checkbox"/>
1. [REDACTED]	[REDACTED]	09/15/2008		<input checked="" type="checkbox"/>

**ADD**

# MHNet Provider Portal Initial Login...

- During the initial login the user can review and modify their Favorite Mental Health Provider List (*this can also be performed during any subsequent login*)
- In Step 3 previously selected providers can be checked and removed, ultimately the user will click “Done”

**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]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>
1. [REDACTED]	[REDACTED]	09/15/2008	[REDACTED]	<input type="checkbox"/>

**REMOVE**

**DONE**

# MHNet Provider Portal Home Screen

- The application will timeout after 25 minutes of inactivity

**MHNet**  
BEHAVIORAL HEALTH

Welcome Emma J Santa  
Last successful login: January 15, 2014 07:11:19 AM MST ⓘ

Logout Online Help ▾ Contact Us

HOME  
MANAGE ACCOUNT  
CLAIM INQUIRY  
CLAIM SUBMISSION  
REMITTANCE ADVICES  
ELIGIBILITY  
AUTHORIZATIONS AND REFERRALS

Select A Tax ID Number: [dropdown] **EDIT**

Select A Health Plan: MHNNet Behavioral Health [dropdown]

Select Provider List Preferences ▾

Select/Enter A Provider: [dropdown] - 09/15/2008 - No Term

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

**CLAIM INFORMATION**

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

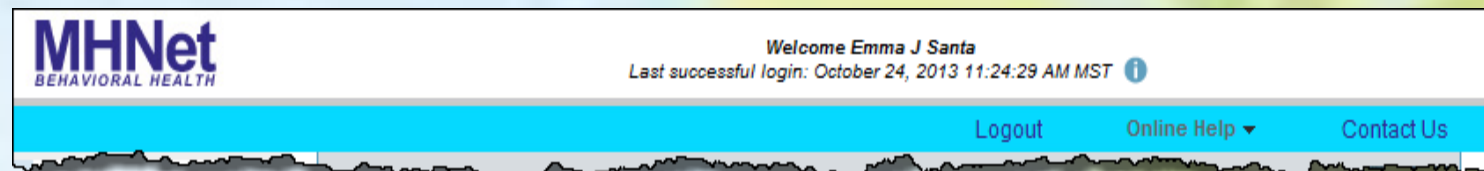
Check information about claims under each status for the past 30 days for your current provider.

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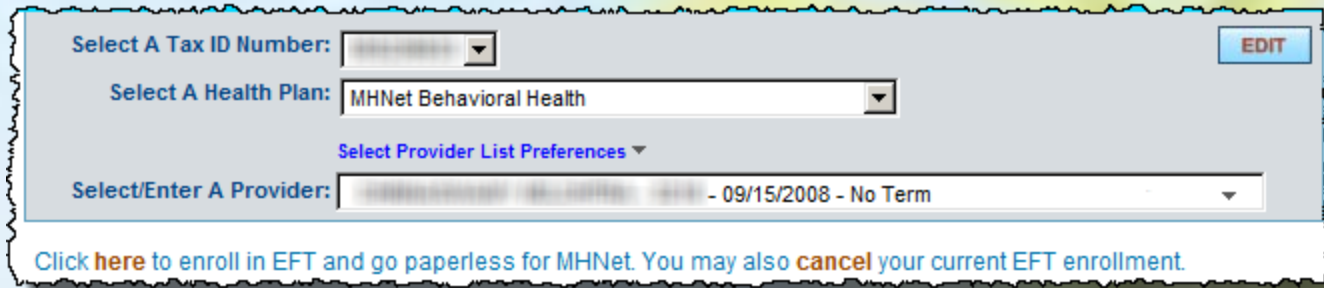
# MHNet Provider Portal Home Screen

- Within the Home Screen users can:
  - Logout by clicking “Logout”
  - Access Online Help materials (tutorials and frequently asked questions) by clicking “Online Help” (this will include Module 1 and all training Modules referenced on page 24 of this module)
  - Click “Contact Us” to display the toll free number to Net Support (additional contact numbers can be found on the last page of this Module)



# MHNet Provider Portal Home Screen

- Within the Home Screen users can:
  - Edit their Favorite Mental Health Provider List by clicking “Edit”
  - Select Provider List Preferences and switch between multiple Tax ID Numbers and Providers
  - Enroll in EFT (Electronic Fund Transfer) or cancel current enrollment. (If cancel is chosen, a PDF will display that must be mailed in.)



Select A Tax ID Number:

Select A Health Plan: MHNNet Behavioral Health

Select Provider List Preferences

Select/Enter A Provider:  - 09/15/2008 - No Term

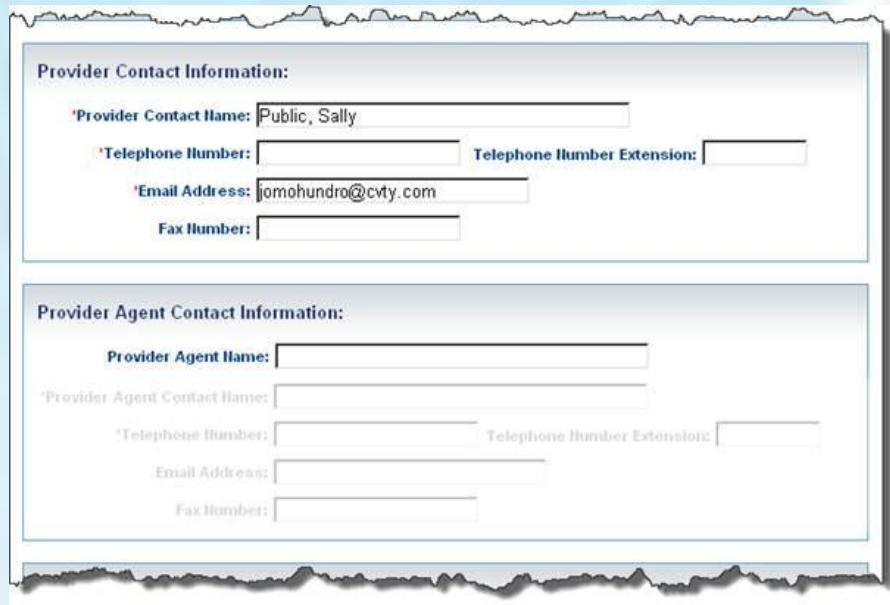
[Click here](#) to enroll in EFT and go paperless for MHNNet. You may also [cancel](#) your current EFT enrollment.

# EFT Enrollment

The screenshot shows the MHNNet Behavioral Health website interface. At the top left is the MHNNet logo. The top right displays a welcome message for 'Sally Public' and the last successful login time: 'January 16, 2014 12:17:04 PM MST'. Below this is a navigation bar with 'Logout', 'Online Help', and 'Contact Us'. A left sidebar contains a menu with options: HOME, MANAGE ACCOUNT, CLAIM INQUIRY, CLAIM SUBMISSION, REMITTANCE ADVICES, ELIGIBILITY, and AUTHORIZATIONS AND REFERRALS. The main content area has tabs for 'Manage Groups', 'Manage Users', 'Edit My Profile', and 'Change My Password'. Under 'Manage Groups', there are sub-tabs for 'Modify a Group' and 'EFT Form'. The 'EFT Form' is titled 'Electronic Funds Transfer Form' and includes several required fields: 'Provider Name', 'Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)' (with a dropdown menu), and 'National Provider Identifier (NPI)'. A red asterisk indicates that the TIN/EIN and NPI fields are required.

- From the drop down, the Provider Administrator will select which TIN the form being submitted applies to, then click search. The Administrator can also narrow down the TIN selection by NPI.

# EFT Enrollment



The screenshot displays a web form for EFT Enrollment, divided into two main sections: "Provider Contact Information" and "Provider Agent Contact Information".

**Provider Contact Information:**

- Provider Contact Name:** Public, Sally
- Telephone Number:** [Empty field]
- Telephone Number Extension:** [Empty field]
- Email Address:** jomohundro@cvtv.com
- Fax Number:** [Empty field]

**Provider Agent Contact Information:**

- Provider Agent Name:** [Empty field]
- Provider Agent Contact Name:** [Empty field]
- Telephone Number:** [Empty field]
- Telephone Number Extension:** [Empty field]
- Email Address:** [Empty field]
- Fax Number:** [Empty field]

- The Provider Administrator will input their full name, phone number and fax number.
- The email address will auto-populate based on the users profile.
- The Administrator has the option to enter a Provider Agent Contact. If a Provider Agent Name is entered, the contact name and telephone number fields are mandatory.

# EFT Enrollment

The screenshot displays a web form for EFT Enrollment. It is divided into two main sections: "Financial Institution Information" and "Account Number Linkage to Provider Identifier".

**Financial Institution Information:**

- Financial Institution Name:** A text input field.
- Financial Institution Routing Number:** A text input field.
- Type of Account at Financial Institution:** A dropdown menu with "Select" as the current value.
- Provider's Account Number with Financial Institution:** A text input field.

To the right of these fields is a graphic of a check. Below the check, the routing and account numbers are labeled: "Bank Routing Number" (0000000000), "Bank Account Number" (0000000000), and "Check Number" (1025).

**Account Number Linkage to Provider Identifier:**

- A note: "Selection of TIN will indicate EFT applies to entire TIN."
- A radio button is selected for **Provider Tax Identification Number (TIN):** 505-23-6933.
- A note: "Selection of NP(s) will indicate EFT applies to only NP(s) specified."
- A radio button is selected for **National Provider Identifier (NPI):** followed by an empty text input field and a plus sign icon.

- Within the Enter Banking Information section the Administrator will select the Financial Institution Name, Account Type and input the Routing and Account Numbers.
- Any changes to a TIN that is already set up for EFT will replace the existing setup.
- The Administrator will be able to select whether the EFT Enrollment applies to the entire TIN or whether it applies only to specific NPIs.

# EFT Enrollment

**Signature and Dates:**

\*Reason for Submission:

**Authorized Signature:** Public, Sally

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

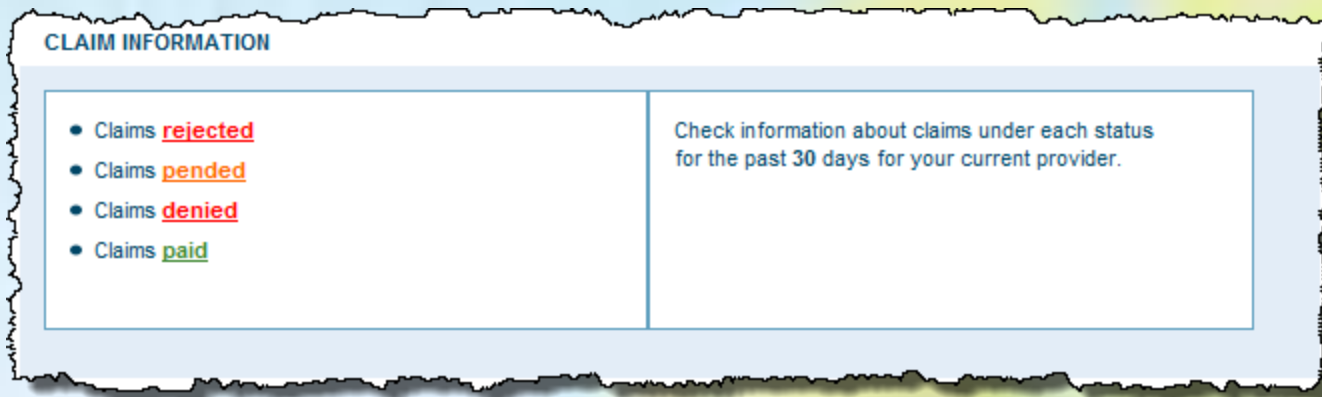
I understand that by enrolling for EFT payments, MHNNet will no longer send paper remittance advices to me. However, PDFs will be made available to me via the MHNNet provider portal, [www.MHNNetProvider.com](http://www.MHNNetProvider.com).

- The EFT form requires the Administrator to indicate that they understand the terms of EFT enrollment. Additionally the user must select the reason for the submission.
- If “Cancel Enrollment” is selected the user will be directed to the EFT Cancellation Form. This form is a PDF and will require the user to email or fax the completed form to opt out of EFT.



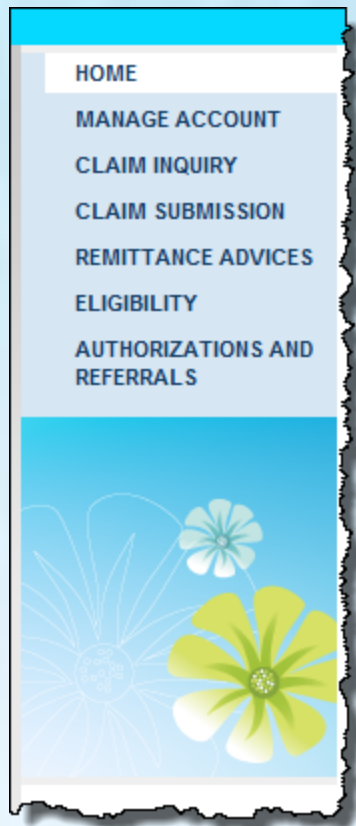
# MHNet Provider Portal Home Screen

- Within the Home Screen users can:
  - Quickly access Rejected, Pended, Denied and Paid claims for the past 30 days for the selected Tax ID Number and Provider



**Note:** Claim Inquiry is covered in the Module 3 training

# MHNet Provider Portal Home Screen



- Within the Home Screen users can:
  - Manage their account  
*Covered in the Module 2 training*
  - Access Claim Inquiry and Submission  
*Covered in the Module 3 training*
  - Access Remittance Advices  
*Covered in the Module 3 training*
  - Access Member Eligibility  
*Covered in the Module 4 training*
  - Access Authorizations and Referrals  
*Covered in the Module 5 training*

# MHNet Provider Portal Contact Information

For Claims assistance, please call

**1-866-992-5246**

For MHNet Provider Relations, please call

**1-855-995-4086**

For technical difficulties with this site, Net Support is available from 8 am to 6 pm Eastern Time, Monday through Friday and can be reached toll-free at:

**1-866-629-3975**