



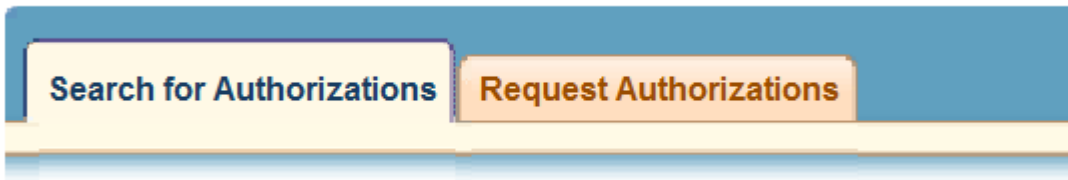
SERVICE ALERTS

ONLINE AUTHORIZATION SUBMISSION FUNCTIONALITY NOW ON MHNETPROVIDER.COM!

Online Authorization Submission and supporting functionality has been enabled for MHN Net Provider.com. This functionality had been added under the existing "Authorizations" left-navigation link and will provide users with an easy alternative for faxing and calling in requests.

A screenshot of the MHN Net Provider website. On the left is a vertical navigation menu with the following items: HOME, MANAGE ACCOUNT, MESSAGE CENTER, CLAIM INQUIRY, CLAIM SUBMISSION, REMITTANCE ADVICES, ELIGIBILITY, and AUTHORIZATIONS. A red arrow points to the AUTHORIZATIONS link. To the right of the menu is a search area with the following fields: "Select A Tax ID Number:" with a dropdown arrow, "Select A Health Plan:" with "MHN Net Behavioral Health" selected, "Select Provider List Preferences" with a dropdown arrow, and "Select/Enter A Provider:" with a text input field. Below the search area is a link that says "Click here to enroll in EFT and go paperless for MHN Net. You may". At the bottom of the screenshot, the text "CLAIM INFORMATION" is visible.

Within the Authorizations section of MHN Net Provider, a new tab titled "Request Authorizations" has been added. When selected, the tab will navigate the user to the brand new Online Authorization Form that contains the required information MHN Net Provider users need to submit a request.



The Online Authorization Form itself is segmented into sections of required information. Some of which is not available when first entering into the form, but as one section is completed and validated, the next relevant section will become available. In this way the submission form builds itself as a user fills in information, so that it becomes a simple step-by-step process to submit an authorization.

The first section available on the Online Submission Form is the Type of Service and Location section. The system will require that a Type of Service is selected from the list followed by the Service Location and a Date Range, both of which will open up for editing as soon as the Type of Service is selected.

Select Type of Service and Location: ?

Select a Type of Service: ▼
Authorization requests for all higher levels of care are for **Maryland** providers only.

Select a Service Location: ▼

Start Date: End Date:

After the Type of Service and Location section has been fully filled out, the system will open up the next section for completion. This section is used to identify the patient, and it is here where a member can be attached to the authorization. Members can be searched for using their ID or through the Advanced Search option (found by clicking the magnifying glass), which will allow for a member search based upon Name and Date of Birth.

Identify Patient: ?

Member ID Number:

Upon attaching a valid and effective member to the submission, a Rendering Provider will need to be attached in the Select Providers section of the form. The provider can be searched for by typing in the provider name or provider ID. Note that only providers that are associated to the user's account that is currently logged in can be attached as the Rendering Provider.

Select Providers: ?

Select Rendering Provider: ▼

Did You Know? Service Alerts

Upon selection of a provider, the system will open the Select Diagnosis & Procedure Codes section. A user will be required to enter 1 Diagnosis Code and up to 3 Procedure Codes. Any procedure codes entered into this field will be validated, and the system will determine whether or not an authorization is required for that specific code.

Select Diagnosis & Procedure Codes: ?

Select Diagnosis Code(s): (max 1)

Providers: only request codes that appear on your fee schedule.

Select Procedure Code(s): (max 3) Units: Days: Treatments:

[Add Item >>](#)

After completion of the code section, the next step in submitting an authorization online will be the Treatment Form section. Here a user will select a Treatment Form from the dropdown and fill in any additional fields that the selected Treatment Form requires.

Treatment Forms: ?

Complete the appropriate form for this authorization request

Select a Treatment Form:

Finally, upon finishing all the required sections of the Online Authorization Form, there are two optional sections where additional information can be added or attached. These optional sections are the Attachments and Comments sections.

Attachments: ?

File Name	File Size	Uploaded %	Status	Remove
Files: 0 of 4 0 MB 0%				

[\[Attach Files\]](#)

Add Comments +

Did You Know? Service Alerts

After successful submission of an authorization in MHNNet Provider, the system will send a confirmation message to the Message Center, which is yet another new feature added to MHNNetProvider.com to support the addition of authorization submission.

The Message Center can be located through a new link in the left navigation titled "Message Center". Within the Message Center are tabs such as Inbox and Sent. The Inbox will contain submission confirmations for each authorization submitted electronically through MHNNetProvider.com. The Sent tab will show what was sent from MHNNet Provider for each submission, including attachments.

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

Select A Tax ID Number:
Select A Health Plan: MHNNet Behavioral Health
Select Provider List Preferences
Select/Enter A Provider:

Inbox Sent Trash

Find: Issue # Go

Messages 1-10 of 14

<input type="checkbox"/> All	Issue #	Received ▼	From	Subject
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