

# **Welcome to ProviderNet**

0

ProviderNet Molina Registration Instructions Revised: January 2015



# Introduction

Alegeus Technologies is pleased to provide the following registration instructions for the ProviderNet application.

# **Instructions Outline**

ProviderNet web address	3
Initiate the ProviderNet registration process	3
Terms & conditions	3
Provider verification	4
User account setup	5
Administrative contact information	6
EFT enrollment	7
Confirmation of TIN or EIN and NPI	8
Financial institution / Banking information	
EFT enrollment submission	
Summary, review & confirmation	. 11
ACH authorization form	
ProviderNet start page	. 13
Useful information	
ProviderNet control panel	. 14
Icons	. 14

1601 Trapelo Road | South Building | Waltham, MA 02451



# **P**

# **ProviderNet web address**

Go To: https://providernet.alegeus.com

# Initiate the ProviderNet registration process

Click the "Register" button.

	Alegeus	5 <b>Providerivet</b>
Details		
	Welcome To Alegeus Pr	oviderNet
Sign In		an easy-to-use portal to manage claims payment and d claims, payers transmit payment and remittance details
T-mail	in standard HIPAA formats through the portal. Ra	ther than receiving paper checks and printed remittance
E-mail		to post and reconcile, registered providers will receive
Password		lly. ACH payments are automatically generated and
		nd ERAs are posted on Alegeus ProviderNet. Alegeus
Connect	information in human readable formats.	r, source, and download their electronic remittance
Register Forget your password?	Production (1) Encoded	Register Now
		Alegeus ProviderNet's user-friendly, online registration process will allow you to enter
	Sector at 100 and terms and terms and terms	office locations and depository accounts, and authorize specific payers to initiate elec
		claim payments via ACH. Once registered, you can immediately begin experiencing the
	- Entranting	convenience and efficiency of electronic processes - receiving both electronic payme
	time and the second second	remittance advice (ERA) transmissions from your payers. It's that easy!

# **Terms & conditions**

Accept the terms & conditions and click 'Continue'.

	Help		Contact	
		_		
PROVIDER REGISTRATION PORTAL TERMS AND CONDITIONS				
TERMS AND CONDITIONS				
Do you agree to the Terms and Conditions of ProviderNet?				
© Yes				
© No				
S Continue			1	





# **Provider verification**

Input and complete provider verification including:

- 1. Payer name (select from drop down)
- 2. National Provider Identifier (NPI) OR Molina Healthcare Provider Identifier
- 3. Provider federal Tax Identification Number (TIN) OR Employer Identification Number (EIN)
- 4. Recent check number (as it appears on the upper right/left hand corner of your check payment)
- 5. Click 'Continue'.

**NOTE #1:** ProviderNet registration cannot be completed until you have received at least one payment from selected payer.

**NOTE #2:** The recent check number entered must have been received from selected payer within the last year.

To get started with ProviderNet,	please answer a few verification questions
If you are a Billing Service, click here t	to register. If you are a Clearinghouse, click here to register.
Select a Payer*	Provider Federal Tax Identification Number (TIN) or
Molina Healthcare	Employer Identification Number (EIN)*
National Provider Identifier (NPI)*	Enter a recent Check or EFT Number from the selected payer*
If your organization has submitted an EFT application to Alegeus (formerly FIS/Metavante), please enter the same NPI and TaxID as used on the application.	
Molina Healthcare Provider Identifier*	Special Note: if you are entering a number for an EFT payment, please enter it exactly as it is shown on your Explanation of Payment (e.g., EFT123456).
	Required fields are in <b>bold</b> Ocntinue





## User account setup

#### Create User Account

- 1. Input and confirm email address. This will be your Login ID.
- 2. Input user name (first and last).
- 3. Input and confirm password.
- 4. Select a password reset question.
- 5. Input a password reset response.
- 6. Click 'Continue'.

#### **NOTE: Password requirements**

\*Must contain 8–10 alpha-numeric characters. \*Must contain at least 1 numeric and at least 1 alpha character. \*The only special characters allowed are: @, # and \$ \*Cannot contain any character repeated 3 consecutive times. \*Cannot contain any part of user name or email address. \*Must be different from the last 8 passwords used. \*Passwords are case sensitive.

		>	Help		Contact
	Alegeus ProviderNet				
	Create a User Account to access payment information online. Your Email Address will become your User ID.				
	User Email Address*				
	Confirm Email Address*				
	User Name*				
	Password*				
	Confirm Password*				
	Password Reset Question*				
	Password Reset Response*				
Required fields are in bold		6	Contin	ue	
			e contin	ac .	





# Administrative contact information

Input Administrative Contact Information

- 1. Provider name (aka business name)
- 2. Provider contact name (first and last)
- 3. Provider contact title
- 4. Provider contact phone number. Input an extension if applicable.
- 5. Provider contact email address.
- 6. Provider contact fax number.
- 7. Note: TIN or EIN and NPI will be automatically pre-filled based on the previous data entered.
- 8. Click 'Continue'.

AA	egeus ProviderNet		Help	
Enter th	e primary administrative contact informatio	n for your business.		
Provider Name*	2			
Provider Contact	lame* 😗			
Title				
Telephone Numbe				
Fax Number 🔞	Telephone Number Extension			
Email Address*				
-	ax Identification Number (TIN) or Employer I	dentification Number (E	3N)* 🚱	
***				
-	dentifier (NPI)* 3			
***				





# EFT enrollment

- 1. Select whether you would like to continue registering with or without EFT enrollment.
- If you selected to "Continue without EFT enrollment", you will be able to set up EFT enrollment at a later time.

Click 'OK' to continue without EFT enrollment.

Click 'Cancel' to continue with EFT enrollment.

 If you selected "Continue to EFT Enrollment", you are electing to receive your payer (insurance company) payments via direct deposit to a bank account designated thru the EFT enrollment process.

He	qi	Contact
Alegeus ProviderNet		
ProviderNet Enrollment is complete. Would you like to continue to EFT enrollment?		
Note: Please click the "Help" button at the top right during EFT enrollment to see further details about	t the form.	
CORE Documentation		
• EFT Changes		
Resolving Missing/Late EFT and ERA Transactions		
CCD Request Letter Template		
Continue Without EFT Enrollment		
Messare from webnage	53	

	Message from webpage
Message from webpage	If you skip EFT enrollment setup, you will be able to set it up later, but your provider setup will be incomplete and you'll be unable to receive EFT transactions until then. Click OK to skip EFT enrollment setup or cancel to remain on this page.
OK Cancel	OK Cancel

**NOTE:** If you elect to continue registration without EFT enrollment you will be directed to the "**Start**" page. Skip to page 13 for further instruction.

- 4. Input the provider name, DBA if applicable and mailing address **exactly** as it appears in the upper left hand corner of the remittance advice of your most recent check payment.
- 5. Click 'Continue'.

Note: You will have the opportunity to enter additional addresses after your registration is completed.



			Help		Contact
A	ProviderNet				
	Select at least one address where you receive p I have the ability to enter additional addresses after regis Ip" button at the top right during EFT enrollment t	stration is complete.	Is about the	form.	
	Provider Name* 🚱				
	Doing Business As Name (DBA) 🚱				
	Street* 😮				
	City* 😮				
	State/Province* 😮				
	Select One	-			
	Zip Code/Postal Code* 🔇				
*Required fields are in <b>bold</b>			🕲 Contir	nue	



### **Confirmation of TIN or EIN and NPI**

1. This page of the registration process displays the provider federal Tax Identification Number (TIN) or

Employer Identification Number (EIN) and the National Provider Identifier (NPI) associated with this registration.

- 2. These fields are pre-populated and cannot be modified because these are the identification numbers eligible for initial EFT enrollment.
- 3. Click 'Continue'.

na se a se	Help		Contact
Note: Please click the "Help" button at the top right during EFT enrollment to see further details	s about th	e form.	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (E	in)* 🕜		
National Provider Identifier (NPI)* 😮			
*Required fields are in bold			





## **Financial institution / Banking information**

Input banking Information for the direct deposit of payer payments.

- 1. Financial institution name (aka bank name)
- 2. Financial institution routing number
- 3. Select the type of account designated for direct deposit (savings/checking)
- 4. Account number with the financial institution.
- 5. Select preference on how to link the account number to the provider identifier (via TIN or via NPI) (Note this selection will not affect the account used for direct deposit of payer payments.)
- 6. Click 'Continue'.

		Help	
<b>人</b>	Alegeus ProviderNet		
	Financial Institution Name* 🕜		
	Financial Institution Routing Number* 😧		
	Type of Account at Financial Institution* 😮		
	Savings		
	Checking		
	Provider's Account Number with Financial Institution* 3		
	Account Number Linkage to Provider Identifier* 🕄		
	Provider Federal Tax Identification Number (TIN)		
	National Provider Identifier (NPI)		
*Required fields are in bole	d	Cont	tinue

#### Note: Routing Number

The routing number is located between two special symbols as shown in this check sample.

Your City, ST 12345			20
Pay			\$
Your Financial Institution U3 Third Street Theo Cry. ST 12345 Pflome			Dollors Do manada
1234557894	1234557890#	1001	





## **EFT enrollment submission**

- 1. Reason for submission is pre-selected as a 'New Enrollment'.
- 2. Authorized signature is pre-selected as 'Written signature of person submitting enrollment'.
- Select whether a voided check or bank verification letter will be submitted with the EFT enrollment submission
- 4. Click 'Continue'.

	He	elp	Contact
Alegeus TOMALGES			
Note: Please click the "Help" button at the top right during EFT enrollment to see furthe	r details abo	out the form.	
Reason for Submission* Include with Enrollment Submission*			
New Enrollment Voided Check			
Authorized Signature* 😗			
Written Signature of Person Submitting Enrollment			
Handwritten Signature. Please sign the ACH Authorization form.			
	¢	Continue	
*Required fields are in <b>bold</b>			

**Note #1:** It will take **7-10 business days** for EFT enrollment set up to be completed by your bank and Alegeus Technologies. Once complete, future payments will be delivered via direct deposit/ACH.

Note #2: Additional bank accounts can be set up upon completion of initial registration.





### Summary, review & confirmation

- 1. Review all sections on the ProviderNet summary page and ensure that all information is correct.
- 2. If changes are needed, click the blue section heading to return to the data entry screen and edit any information that needs to be corrected.
- 3. Once editing is complete, click the continue button until you return to the summary page.
- 4. Repeat steps 2 & 3 above until all edits are completed and all content of the summary page is accurate.
- 5. Click 'Continue'.

<image/> Decomposition   Contract   Contract	
Lick a Section Heading to edit the corresponding information.   Certorie     Provider Terroliment   User 0   User 0   User 0   Provider Reset Response   Provider Name ?   Provider Contact Name ?   Title   Telephone Number ?   Errolinent   Provider Contact Name ?   Ding Business As Name (DBA) ?   Street ?   Street ?   Street ?   Provider Ication (PBA) ?	
ProviderNet Enrollment   ProviderNet   UserD   UserName   Password Reset Question   Password Reset Response   Provider Name ?   Provider Contact Name ?   Title   Telephone Number ?   Email Address ?   Provider Address   Provider Address   Provider Name ?   Doing Business As Name (DBA) ?   Street ?   City ?   State/Province ?   Zip Code/Postal Code ?   Provider Identifiers Provider Identifier (NPI) ?	
ProviderItet   UserD   User Name   Password Reset Question   Password Reset Response   Provider Contact Name ?   Provider Contact Name ?   Title   Telephone Number ?   Email Address ?   Fax Number ?   EFT EnrolIment   Provider Address   Provider Address   Provider Response   City ?   State/Province ?   Zip Code/Postal Code ?   Provider Identification Number (TIN) ?	
User Name Password Reset Question Password Reset Response Provider Name  Provider Contact Name  Provider Address  Provider Address Provider Name  Provider Contact Name  Provider Contact Name  Provider Contact Name  Provider Identification Number (TN)  Provider Identification Number (TN)  Provider Identific (NPP)  Provider I	
Password Reset Question   Password Reset Response   Provider Rame ?   Provider Contact Name ?   Title   Telephone Number ?   Email Address ?   Fax Number ?   EFT Enrollment   Provider Address   Provider Address   Provider Name ?   Doing Business As Name (DBA) ?   Street ?   City ?   State/Province ?   Zip Code/Postal Code ?   Provider Identification Number (TIN) ?	
Password Reset Response   Provider Name ?   Provider Contact Name ?   Title   Title   Telephone Number ?   Email Address ?   Fax Number ?   EFT Enrollment   Provider Address   Provider Name ?   Doing Business As Name (DBA) ?   Street ?   City ?   State/Province ?   Zip Code/Postal Code ?    Provider Identification Number (TIN) ? National Provider Identification Number (TIN) ?	
Provider Name ? Provider Contact Name ? Title Telephone Number ? Email Address ? Fax Number ? EFT EnrolIment Provider Address Provider Address Provider Address Street ? City ? State/Province ? Zip Code/Postal Code ? Provider Identifiers Provider Identification Number (TIN) ? National Provider Identification Number (TIN) ?	
Provider Name  Provider Contact Name  Provider Contact Name  Provider Contact Name  Provider Contact Name  Provider Number  Provider Number  Provider Name  Provider Address Provider Address Provider Address Provider Name  Provider Name  Provider Name  Provider Contact Name  Provider Identification Number (TIN)  National Provider Identification Number (TIN)  Provider Ident	
Title   Telephone Number   Email Address   Fax Number   Fax Number   Provider Address   Provider Address   Provider Name   Doing Business As Name (DBA)   Street   City   City   State/Province   Zip Code/Postal Code   Provider Identifiers   Provider Federal Tax Identification Number (TIN)   National Provider Identifier (NPI)	
Telephone Number   Email Address   Fax Number   Fax Number   Fax Number   Froider Address   Provider Address   Provider Name   Obing Business As Name (DBA)   Street   City   City   State/Province   Zip Code/Postal Code   Provider Identifiers   Provider Identification Number (TIN)   National Provider Identificr (NPI)	
Telephone Number       Imail Address         Email Address       Imail Address         Fax Number       Imail Address         Fax Number       Imail Address         EFT Enrollment       Imail Address         Provider Address       Imail Address         Provider Name       Imail Address         Provider Name       Imail Address         Provider Name       Imail Address         Provider Name       Imail Address         City       Imail Address         City       Imail Address         Zip Code/Postal Code       Imail Address         Provider Identifiers       Imail Address         Provider Federal Tax Identification Number (TIN)       Imail Address         National Provider Identifiers       Imail Address	
Email Address Fax Number Fax Number EFT EnrolIment Provider Address Provider Name Doing Business As Name (DBA) Street City Street City State/Province Zip Code/Postal Code Provider Identifiers Provider Identification Number (TIN) National Provider Identification Number (TIN) National Provider Identification Number (TIN) National Provider Identification Number (TIN) National Provider Identification Number (TIN) Provider Identifier (NPI) National Provider Identification Number (TIN) Provider Identifier (NPI) Provider I	
Fax Number       Image: Constraint of the second seco	
EFT Enrollment Provider Address Provider Name  Doing Business As Name (DBA) Street City City State/Province Lip Code/Postal Code Provider Identifiers Provider Federal Tax Identification Number (TIN) National Provider Identifier (NPI)	
Provider Address Provider Address Provider Name  Provider Name  Provider Name  Provider Name  Provider Identifiers Provider Identification Number (TIN)  National Provider Identification Number (TIN)  Provider Identificatio	
Provider Name	
Doing Business As Name (DBA)       Image: Constraint of the second	
Street  Street Street State/Province State/Province State/Prostal Code State/Provider Identifiers Provider Identifiers National Provider Identifier (NPI)	
City ? State/Province ? Zip Code/Postal Code ? Provider Identifiers Provider Federal Tax Identification Number (TIN) ? National Provider Identifier (NPI) ?	
State/Province ? Zip Code/Postal Code ? Provider Identifiers Provider Federal Tax Identification Number (TIN) ? National Provider Identifier (NPI) ?	
State/Province ? Zip Code/Postal Code ? Provider Identifiers Provider Federal Tax Identification Number (TIN) ? National Provider Identifier (NPI) ?	
Zip Code/Postal Code 😨  Provider Identifiers  Provider Federal Tax Identification Number (TIN) 😨  National Provider Identifier (NPI) 😨	
Provider Identifiers         Provider Federal Tax Identification Number (TIN)         National Provider Identifier (NPI)	
Provider Federal Tax Identification Number (TIN) 😧 National Provider Identifier (NPI) 😯	
Provider Federal Tax Identification Number (TIN) 😧 National Provider Identifier (NPI) 🚱	
National Provider Identifier (NPI) 😢	
Financial Institution Information	
Financial Institution Name 😮	
Financial Institution Routing Number 🕜	
Type of Account at Financial Institution 🕜	
Provider's Account Number with Financial Institution	
Account Number Linkage to Provider Identifier 😮	
Submission Information	
Reason for Submission	
Include with Enrollment Submission 😗	
Authorized Signature 😯	
Continue	

1601 Trapelo Road | South Building | Waltham, MA 02451





# ACH authorization form

- 1. The ACH authorization form must be printed, signed and returned to Alegeus before electronic fund transfers can begin.
- 2. Depending on the web browser being used, please either print the ACH form directly from the browser, or print a copy of the downloaded form.
- 3. Email or fax a copy of the signed ACH authorization form and either a voided check or bank verification letter to:

Email: wco.provider.registration@alegeus.com

Fax: 602-843-1915

4. Click 'Continue'. Registration is now complete and you will be directed to the 'Start Page' to begin using ProviderNet.

t 🖡 Page: 1 of 1 -	- + Automatic Zoom + >>
Rev 12/2013 - 1000 https://providemet alegeus.com <b>ACH AUTHORIZATION FORM</b> Please complete and sign the following ACH Au the form with a volded check or bank verifica wco.provider.registration@alegeus.com, or fax the docu <b>SECTION I - PROVIDER INFORMATION</b>	ation letter with the co
X New Enrollment Change Enrollment Cancel Enrollment	I Go to Last Page
Provider Name Doing Business As Name (DBA) Street City	C Rotate Clockwise
State/Province Zlp Code/Postal Code Provider Federal Tax identification Number (TIN) National Provider identifier (NPI)	Enable hand tool
Provider Contact Name Telephone Number / Extension Email Address Fax Number	<ul> <li>Document Properties</li> </ul>
SECTION II - ACCOUNT INFORMATION	
Financial Institution Name Financial Institution Routing Number	
Type of Account at Financial Institution	Chesking Savings
Provider's Account Number with Financial Institution	
SECTION III - AUTHORIZATION	



	Log Out Help Contac
	Alegeus ProviderNet
Control Panel Start	Announcements There are no announcements at this time.
Search And Report V Payment Search User Activity Maintenance V Provider Info	Frequently Asked Questions  • Can ladd multiple NPIs/Providers to my ProviderNet account?  Yes. You can add them through the Provider Info screen. However, If you have multiple NPIs that share the same TaxD(s), then you should just add the providers as separate addresses on the address form. Otherwise, you will have to complete the whole setup process for the new NPI, including adding contact, address, and bank account information. And since most payers only associate TaxDs to payments, using TaxD, Payee Name, and Address to separate and route payments is more effective than using NPI.  • More
Accounts TaxIDs Contacts Addresses EFT Enroliment Connectivity	Core Documentation  • EFT Changes  • Resolving MissingLate EFT and ERA Transactions • CCD Request Letter Template • Connectivity Guide
User Administration My Profile Frequently Asked Questions Icons	Recent Payments Display the last: 1 month   2 months   3 months
<ul> <li>☑ Delete</li> <li>☑ Show PDF</li> </ul>	



#### **Useful information**

- 1. It takes up to 10 business days for your bank account to be verified and electronic payments to begin.
- 2. You can check the status of your EFT enrollment by logging in to ProviderNet and clicking on the 'Accounts' tab on the control panel.
- 3. If your account status is 'Pending' (as shown below), the bank verification process is not yet complete.

	Name	Holder	Туре	Bank	Routing # Account # Status ? ACH? ?	Check? @Location Count @
					Pending	
l						

4. If your account status is 'Verified' (as shown below), you should begin receiving your payments electronically.

Name	Holder	Туре	Bank	Routing # Account # Status ? ACH? ? C	Check?  Check?
Princip				Verified	

- 5. If your account status is 'verified' and you are still receiving payments via check, please contact ProviderNet customer support at: 877-389-1160.
- 6. The following message in red text is an indicator that Alegeus Technologies has not yet received an ACH authorization form and/or a voided check/bank verification letter. Upon receipt of these documents (via email or fax), bank account verification will be completed and this message will no longer appear on the start page.

1601 Trapelo Road | South Building | Waltham, MA 02451



This Provider has one or more Bank Accounts for which Alegeus has not received an ACH Authorization Form or a voided check. Please navigate to the <u>Accounts</u> page for more details.

7. If there is more than one NPI and/or more than one Tax ID associated with your organization, please be sure to add all associated NPIs and Tax IDs using the 'Control Panel' and 'Provider Info'. Ensuring that all NPIs and Tax IDs are set up will ensure all payments are issued electronically.

# $\mathbf{O}$

## **ProviderNet control panel**

- Payment Search contains options to search for particular payments. At the bottom of the payment search page 1 year of historical payments will be listed starting with the most recent payment issued.
- 2. User Activity provides functionality for administrators to view each user's ProviderNet activity.
- Provider Info provides functionality for administrators to view or modify provider information, add NPIs/TINs and add additional payers for electronic payment.
- 4. Accounts provides functionality to view, add, change or delete bank account information
- 5. **TAX IDs** provides functionality to view, add, change or delete tax IDs.
- 6. Contacts provides functionality to view, add, change or delete contacts.
- 7. Addresses provides functionality to view, add, change or delete payment addresses
- EFT Enrollment provides functionality to set up EFT enrollment if set up was not completed during initial registration.
- Connectivity provides functionality to set up the transmission of Electronic Remittance Advice (ERA) files (EDI 835s, ERAs in PDF format). ERAs can be transmitted via FTP or transmitted automatically to a clearinghouse.
- 10. User Administration provides functionality to view, add, change or delete users from ProviderNet.
- 11. **My Profile** provides functionality to view, add, change or delete user profile information including email notification preferences.
- 12. Frequently Asked Questions quick and easy access to ProviderNet FAQs.

### lcons

At the bottom of each web screen is an icon legend defining the use of each icon on the page. For example:

Icons Additional Information Delete Contact X Cancel Edit Edit Information Additional Information Edit Information X Cancel Edit Hold Delete User Address Mismatch × Clear Payer Selection Reset Password Edit Information Show PDF Account Locked Delete Location 335 File Edit Information Context Help Delete X Cancel Edit X Cancel Edit X Cancel Edit Delete Edit Information 📆 Show ACH Auth Form Manage Provider Names Context Help