



## Welcome to ProviderNet



**ProviderNet**  
**Molina Registration Instructions**  
**Revised: January 2015**

## Introduction

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

### Instructions Outline

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**➤ ProviderNet web address**

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

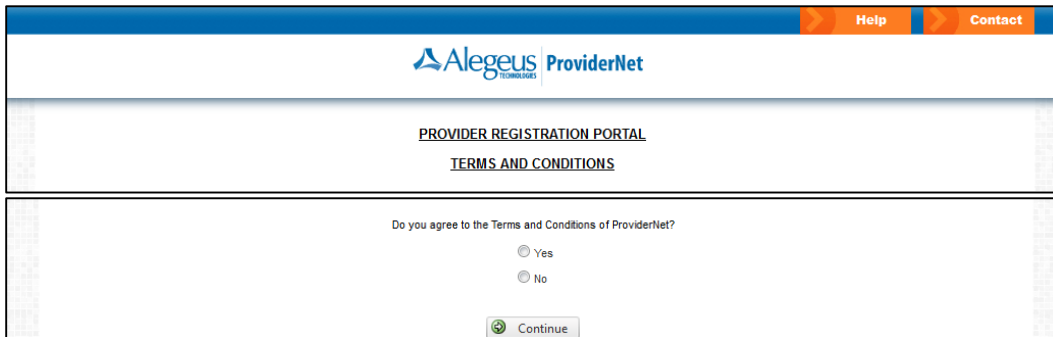
**➤ Initiate the ProviderNet registration process**

Click the “Register” button.



**➤ Terms & conditions**

Accept the terms & conditions and click 'Continue'.





## 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](#) to register. If you are a Clearinghouse, [click here](#) to register.

<p>Select a Payer*</p> <p>Molina Healthcare</p> <p>National Provider Identifier (NPI)* ?</p> <p><input type="text"/></p> <p><small>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.</small></p> <p><b>OR</b></p> <p>Molina Healthcare Provider Identifier* ?</p> <p><input type="text"/></p>	<p>Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)* ?</p> <p><input type="text"/></p> <p>Enter a recent Check or EFT Number from the selected payer*</p> <p><input type="text"/></p> <p><b>Special Note:</b> 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).</p> <p>Required fields are in bold <input type="button" value="Continue"/></p>
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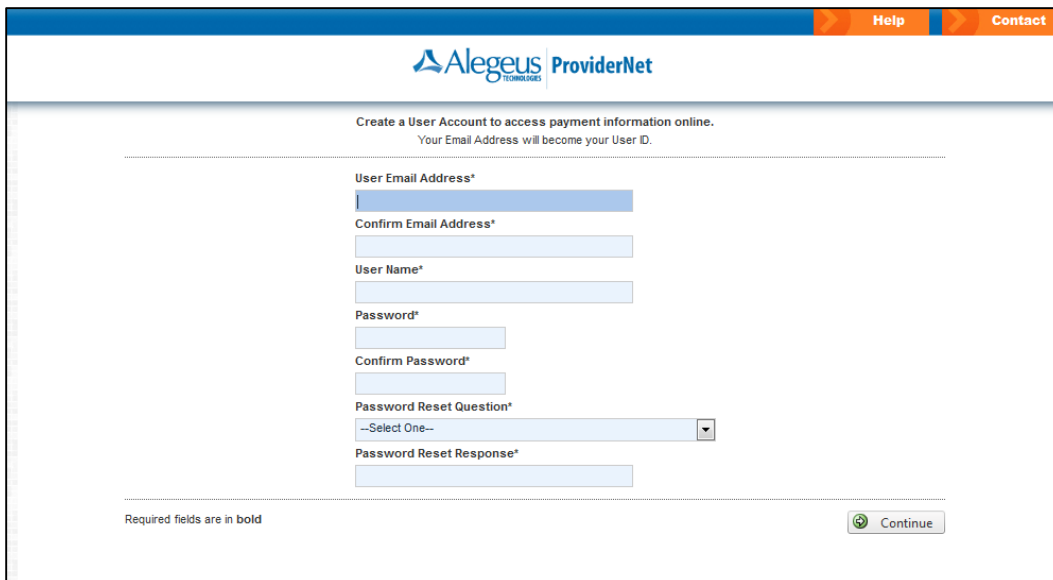
## User account setup

### 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.



The screenshot shows the 'Create a User Account' page on the Alegeus ProviderNet website. The page has a blue header with the Alegeus logo and 'ProviderNet' text. In the top right corner, there are orange buttons for 'Help' and 'Contact'. The main content area is white and contains the following fields:

- User Email Address\***: Text input field
- Confirm Email Address\***: Text input field
- User Name\***: Text input field
- Password\***: Text input field
- Confirm Password\***: Text input field
- Password Reset Question\***: Dropdown menu with "--Select One--" selected
- Password Reset Response\***: Text input field

At the bottom left, it says "Required fields are in bold". At the bottom right, there is a green "Continue" button with a right-pointing arrow.

## 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'.



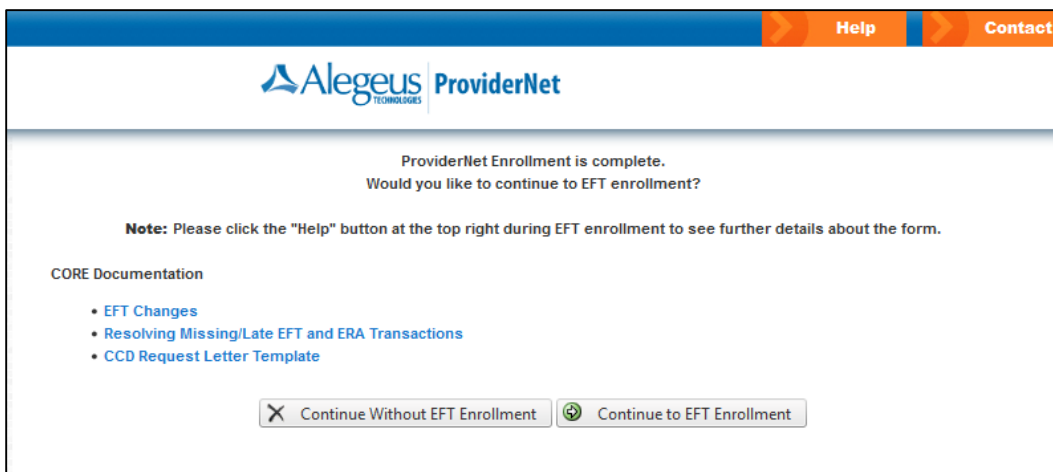
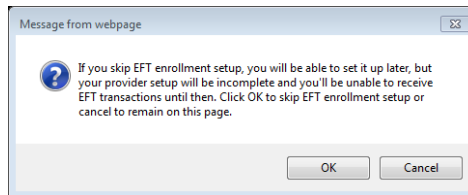
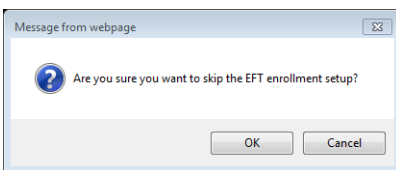
The screenshot shows the Alegeus ProviderNet interface for entering administrative contact information. The page has a blue header with the Alegeus logo and 'ProviderNet' text. Below the header, there are navigation links for 'Help' and 'Contact'. The main content area contains a form with the following fields:

- Provider Name\*** (required field)
- Provider Contact Name\*** (required field)
- Title**
- Telephone Number\*** (required field) with a sub-field for **Telephone Number Extension**
- Fax Number**
- Email Address\*** (required field)
- Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)\*** (required field) with a pre-filled value of \*\*\*
- National Provider Identifier (NPI)\*** (required field) with a pre-filled value of \*\*\*

At the bottom of the form, there is a note: '\*Required fields are in bold' and a 'Continue' button with a green arrow icon.

## EFT enrollment

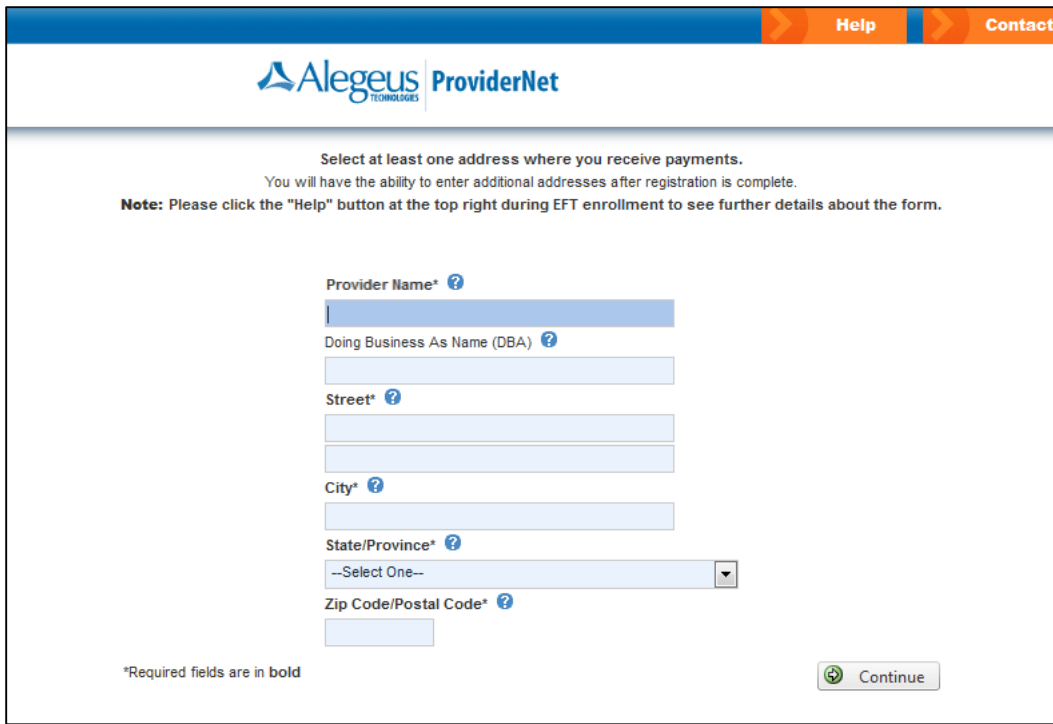
1. Select whether you would like to continue registering with or without EFT enrollment.
2. If you selected to “Continue without EFT enrollment”, you will be able to set up EFT enrollment at a later time.  
Click ‘OK’ to continue without EFT enrollment.  
Click ‘Cancel’ to continue with EFT enrollment.
3. 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.


**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](#)


**ProviderNet**

Select at least one address where you receive payments.  
 You will have the ability to enter additional addresses after registration is complete.  
**Note:** Please click the "Help" button at the top right during EFT enrollment to see further details about the form.

**Provider Name\*** [?](#)

Doing Business As Name (DBA) [?](#)

**Street\*** [?](#)

**City\*** [?](#)

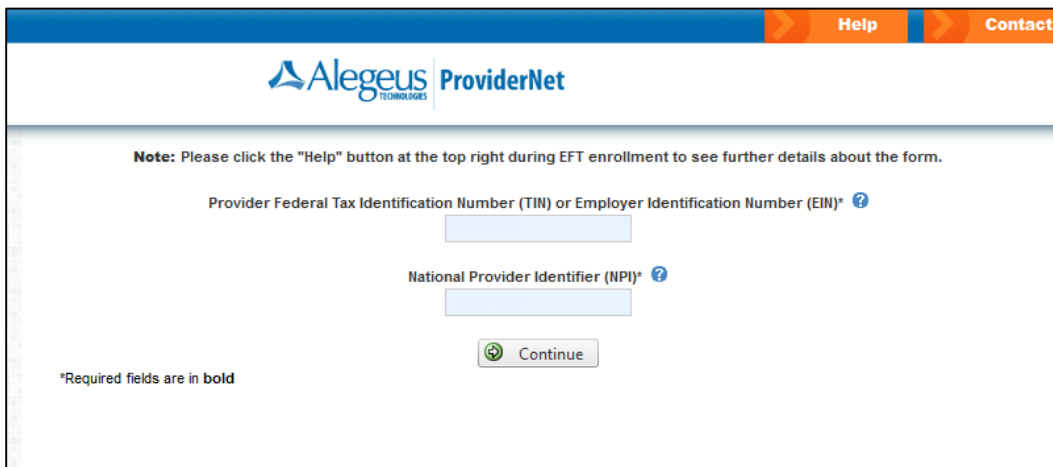
**State/Province\*** [?](#)  
 --Select One--

**Zip Code/Postal Code\*** [?](#)


\*Required fields are in bold

## ➤ 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'.



[Help](#) | [Contact](#)


**ProviderNet**

**Note:** Please click the "Help" button at the top right during EFT enrollment to see further details about the form.

**Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)\*** [?](#)

**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
Contact


**Financial Institution Name\*** 

**Financial Institution Routing Number\*** 

**Type of Account at Financial Institution\*** 


Savings  
 Checking

**Provider's Account Number with Financial Institution\*** 


**Account Number Linkage to Provider Identifier\*** 

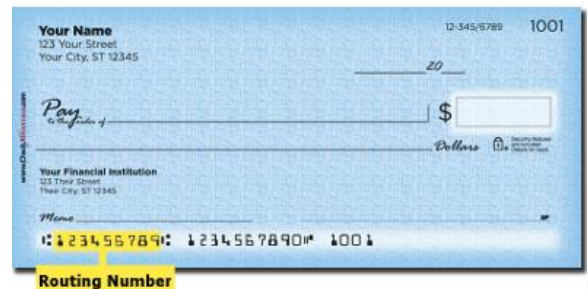
Provider Federal Tax Identification Number (TIN)  
 National Provider Identifier (NPI)

\*Required fields are in bold

 Continue

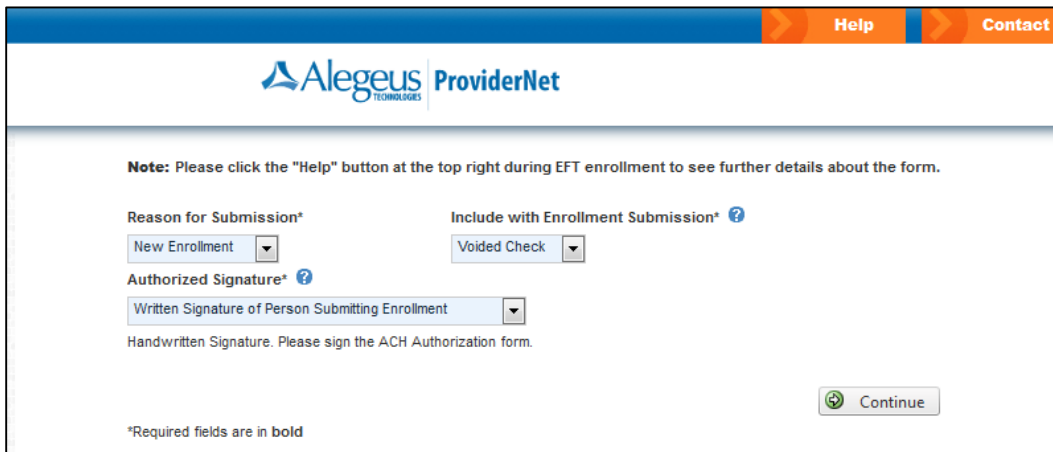
### **Note: Routing Number**

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



## 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'.
3. Select whether a voided check or bank verification letter will be submitted with the EFT enrollment submission
4. Click 'Continue'.



The screenshot shows the Alegeus ProviderNet interface for EFT enrollment submission. At the top right, there are 'Help' and 'Contact' buttons. The main content area contains a note: "Please click the 'Help' button at the top right during EFT enrollment to see further details about the form." Below the note are three dropdown menus: 'Reason for Submission\*' (pre-selected as 'New Enrollment'), 'Include with Enrollment Submission\*' (pre-selected as 'Voided Check'), and 'Authorized Signature\*' (pre-selected as 'Written Signature of Person Submitting Enrollment'). A 'Continue' button is located at the bottom right. A footer note states: "\*Required fields are in bold".

**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'.

➤
Summary, review & confirmation

Review your information below for accuracy.  
 Click a [Section Heading](#) to edit the corresponding information.  
 Click Continue when you are finished reviewing your information.

Continue

**ProviderNet Enrollment**

[ProviderNet](#)

UserID

User Name

Password Reset Question

Password Reset Response

Provider Name [?](#)

Provider Contact Name [?](#)

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 Identifiers](#)

Provider Federal Tax Identification Number (TIN) [?](#)

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

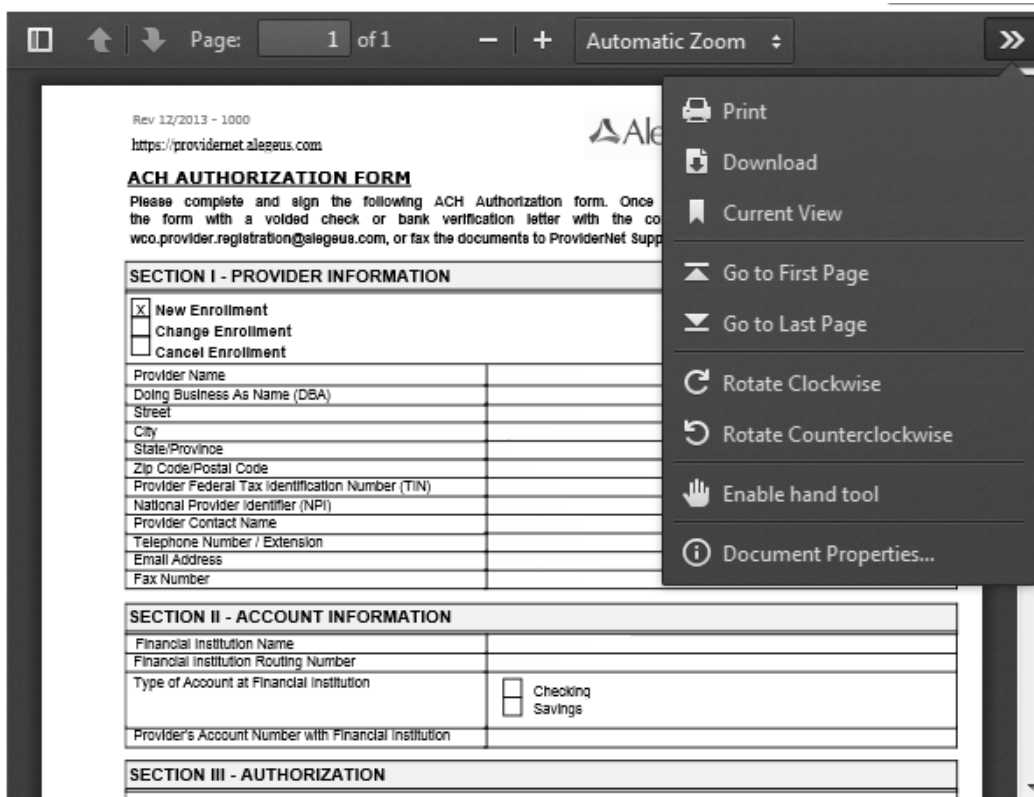
Include with Enrollment Submission [?](#)

Authorized Signature [?](#)

Continue

## ➤ 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](mailto: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.



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<https://provider.net/alegeus.com>

**ACH AUTHORIZATION FORM**  
 Please complete and sign the following ACH Authorization form. Once the form with a voided check or bank verification letter with the copy of this form is received by Alegeus, you will be able to use ProviderNet. Email or fax the documents to [wco.provider.registration@alegeus.com](mailto:wco.provider.registration@alegeus.com), or fax the documents to ProviderNet Support.

**SECTION I - PROVIDER INFORMATION**

New Enrollment  
 Change Enrollment  
 Cancel Enrollment

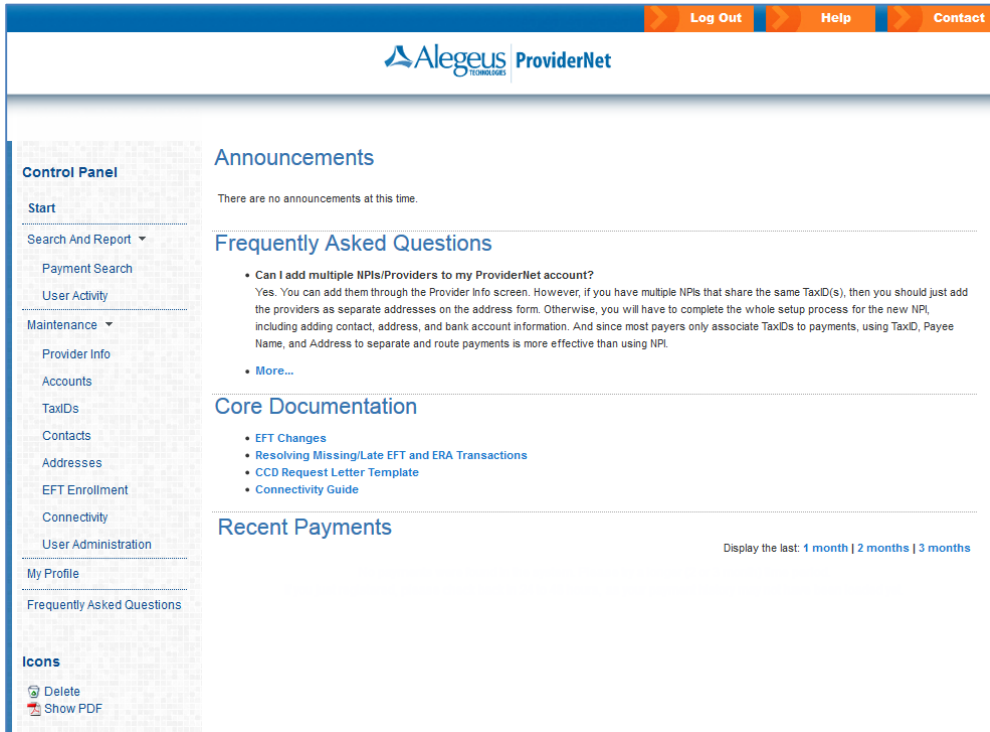
Provider Name	
Doing Business As Name (DBA)	
Street	
City	
State/Province	
Zip Code/Postal Code	
Provider Federal Tax Identification Number (TIN)	
National Provider Identifier (NPI)	
Provider Contact Name	
Telephone Number / Extension	
Email Address	
Fax Number	

**SECTION II - ACCOUNT INFORMATION**

Financial Institution Name	
Financial Institution Routing Number	
Type of Account at Financial Institution	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Provider's Account Number with Financial Institution	

**SECTION III - AUTHORIZATION**

## ➤ ProviderNet start page



## ➤ 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	Type	Bank	Routing #	Account #	Status ?	ACH? ?	Check? ?	Location	Count ?
Pending										

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

Name▲	Holder	Type	Bank	Routing #	Account #	Status ?	ACH? ?	Check? ?	Location	Count ?
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.

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 [Accounts](#) 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.

## ProviderNet control panel

1. **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.
3. **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
8. **EFT Enrollment** - provides functionality to set up EFT enrollment if set up was not completed during initial registration.
9. **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.

## Icons

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

