

Welcome to ProviderNet

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ProviderNet Molina Registration Instructions Revised: January 2015



Introduction

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

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1601 Trapelo Road | South Building | Waltham, MA 02451



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ProviderNet web address

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

Initiate the ProviderNet registration process

Click the "Register" button.

Details 😮		
	Welcome To Alegeus Pro	oviderNet
Sign In	Alegeus ProviderNet gives healthcare providers a receivables tied to specific payers. For approved	n easy-to-use portal to manage claims payment and claims, payers transmit payment and remittance details
	in standard HIPAA formats through the portal. Rath	her than receiving paper checks and printed remittance
E-mail	documents, which can require substantial effort to	o post and reconcile, registered providers will receive
 Department	payments and remittance information electronically	y. ACH payments are automatically generated and
Password	routed to the configured destination accounts, and	d ERAs are posted on Alegeus ProviderNet. Alegeus
	ProviderNet users are then able to log in and view	, search, and download their electronic remittance
Connect	information in human readable formats.	
Register		
Forget your password?	The second	Register Now
	Anna Canada and Anna Anna Anna Anna Anna Anna	Alegeus ProviderNet's user-friendly, online registration process will allow you to enter
	AN RUMAN AND AND AND AND AND AND AND AND AND A	office locations and depository accounts, and authorize specific payers to initiate elec
		claim payments via ACH. Once registered, you can immediately begin experiencing the
	- Frank - Frank	convenience and efficiency of electronic processes - receiving both electronic payme
		ramittance advice (EDA) transmissions from your payors. We that easy

Terms & conditions

Accept the terms & conditions and click 'Continue'.

	Help	Contact
PROVIDER REGISTRATION PORTAL TERMS AND CONDITIONS		
Do you agree to the Terms and Conditions of ProviderNet? © Yes © No		
© 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	o 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.	
OR 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 bold O Continue





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*				
	Processed Decode Decode at				
	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	ProviderNet		нер	
Enter the	primary administrative contact informatio	n for your business.		
Provider Name*				
Provider Contact N	ame* 😧			
Title				
Telephone Number	• 0			
Fax Number 🔞	Telephone Number Extension			
Email Address*				
Provider Federal Ta	x Identification Number (TIN) or Employer	Identification Number (E	IN)* 🚱	

National Provider Id	lentifier (NPI)* 🕜			





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.

 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.

Help Com	tact
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 the form.	
CORE Documentation	
• EFT Changes	
Resolving Missing/Late EFT and ERA Transactions	
CCD Request Letter Template	
Continue Without EFT Enrollment Continue to EFT Enrollment	

	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				
You wil Note: Please click the "He	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	ayments. stration is complete. to see further detai	is about the f	iorm.	
	Provider Name* 🚱				
	Doing Business As Name (DBA) 🚱				
	Street* 😮				
	City* 😮				
	State/Province* 😮				
	Select One	-			
	Zip Code/Postal Code* 🔇				
*Required fields are in bold			© Contin	ue	



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
Alegeus rowiderNet			
Note: Please click the "Help" button at the top right during EFT enrollment to see further details	s about the	e form.	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (E	IN)* 🕜		
National Provider Identifier (NPI)* 😧			
Continue			
*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	
人	Alegeus ProviderNet			
	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 bole	1		Con	tinue

Note: Routing Number

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

Your Name 123 Your Street Your City, ST 12345			12-345/6789 100
Pay			\$
Your Financial Institution US The Street Theo Dry, ST 12345			Dollars De mainten
Morne			
1123455789	1234567890#	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 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'.

Review your information below for accuracy. Click a Section Heading to edit the corresponding information. Click Continue when you are finished reviewing your information.	
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 Continue	
ProviderNet Enrollment	
ProviderNet	
UserD	
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 (2)	

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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.

Page: 1 of 1	- + Automatic Zoom + >>
Rev 12/2013 - 1000 https://providemet.alegeus.com ACH AUTHORIZATION FORM Please complete and eign the following ACH A the form with a volded check or bank verific wco.provider.registration@alegeus.com, or fax the doc SECTION I - PROVIDER INFORMATION	Authorization form. Once cation letter with the co cuments to ProviderNet Supp Go to First Page
X New Enrollment Change Enrollment Cancel Enrollment	Go to Last Page
Doing Business As Name (DBA) Street City StateBitmulines	C Rotate Clockwise
Zip Code/Postal Code Provider Federal Tax identification Number (TIN) National Provider identifier (NPI) Provider Contact Name	Enable hand tool
Telephone Number / Extension Email Address Fax Number	 Document Properties
SECTION II - ACCOUNT INFORMATION	
Financial Institution Name Financial Institution Routing Number	
Type of Account at Financial Institution	Checking Savings
Provider's Account Number with Financial Institution	
SECTION III - AUTHORIZATION	



	Log Out Help Contac				
	Alegeus ProviderNet				
Control Panel	Announcements There are no announcements at this time.				
Search And Report Payment Search User Activity Maintenance Provider Info Accounts	Frequently Asked Questions • Can I add multiple NPIs/Providers to my ProviderItet 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				
TaxIDs Contacts Addresses EFT Enrollment Connectivity	Core Documentation • EFT Changes • Resolving Missing/Late EFT and ERA Transactions • CCD Request Letter Template • Connectivity Guide				
User Administration My Profile Frequently Asked Questions	Recent Payments Display the last: 1 month 2 months 3 months				
lo Delete ∄ Show PDF					



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	

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? ?	Check? @Location Count ?
Printing				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.

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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.

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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
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