



## Electronic Claims Processing

# User Manual



# Electronic Claims Processing

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## Electronic Claims Processing

### Overview

MHNet is pleased to provide a no-cost electronic claim application to our participating providers. The application allows you to submit your claims directly to MHNet via our web-based Electronic Claims Application. The only thing you need is Internet access.

The application allows you to submit your claims quickly and efficiently, while providing the additional benefits:

- Saves mail time (3 to 5 days);
- Savings of postage expense;
- Saves form costs; and
- Faster claims processing, our average payment on electronic claims is 3 to 5 business days.

After a simple registration process you can start submitting your claims electronic claims within days.

### Getting Started

To register you must be a participating provider and complete Trade Partner Agreement. The agreement is a HIPAA requirement and must be signed prior to submit claims electronically via our website. The document can be obtained from our Electronic Claims website (<https://www.mhnet.com/Providers/Billing/eClaims>). Read and sign the document, return to:

MHNet  
P. O. Box 209010  
Austin, Texas 78720-9010  
Attn: Electronic-Claims

Or Fax it to:  
512-347-8087

You can assign your own user name and password by completing the last page of the Trading Partner Agreement. If you choose we will assign a user ID and password for you.

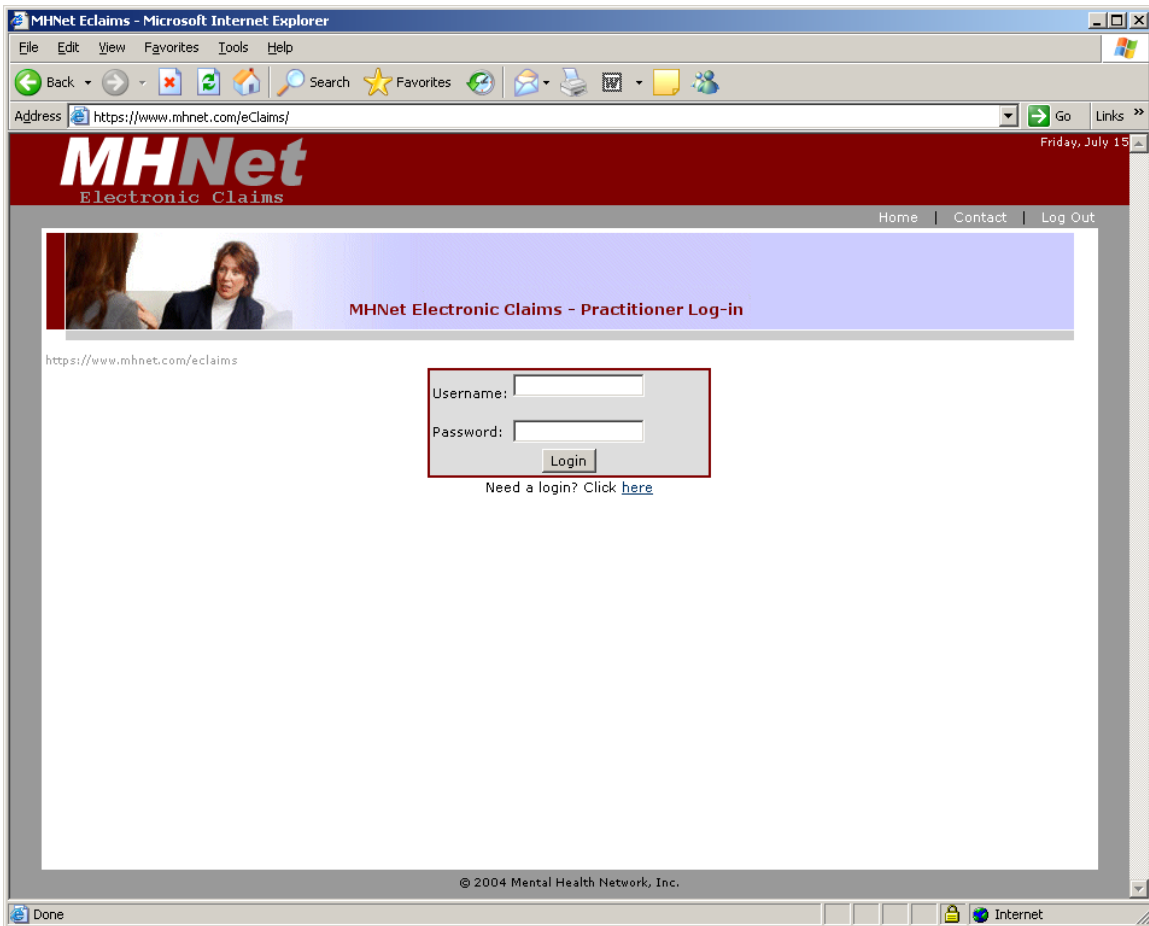
Once we receive the Trading Partner Agreement, we assign you a unique ID and password and you will be able to submit your claims electronically via our website.

## Electronic Claims Processing

### Submitting E-Claims

To begin submitting your claims electronic, access our website <https://www.mhnet.com/eClaims/>. The below screen will appear and prompt you to enter your user ID and password, after entering the information select on Login.

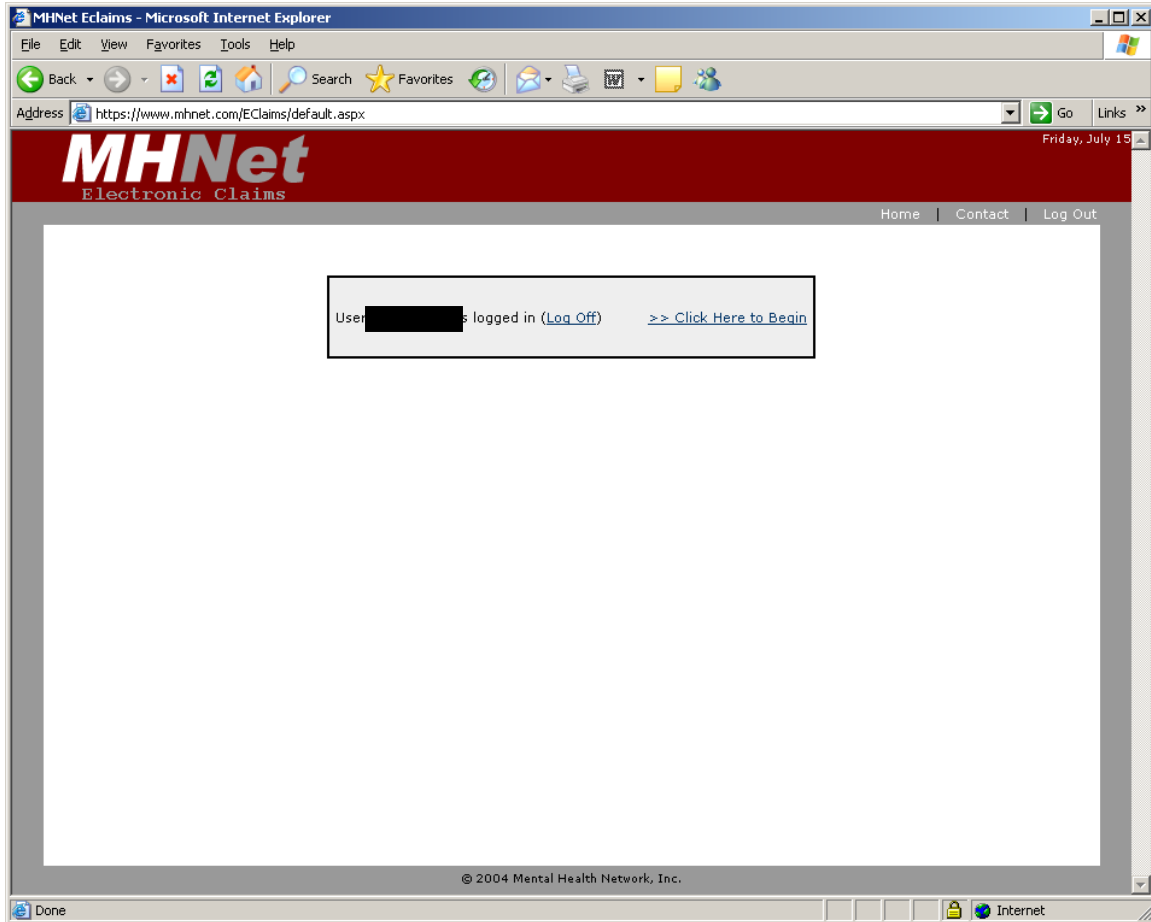
#### **MHNet E-Claims Web Application**





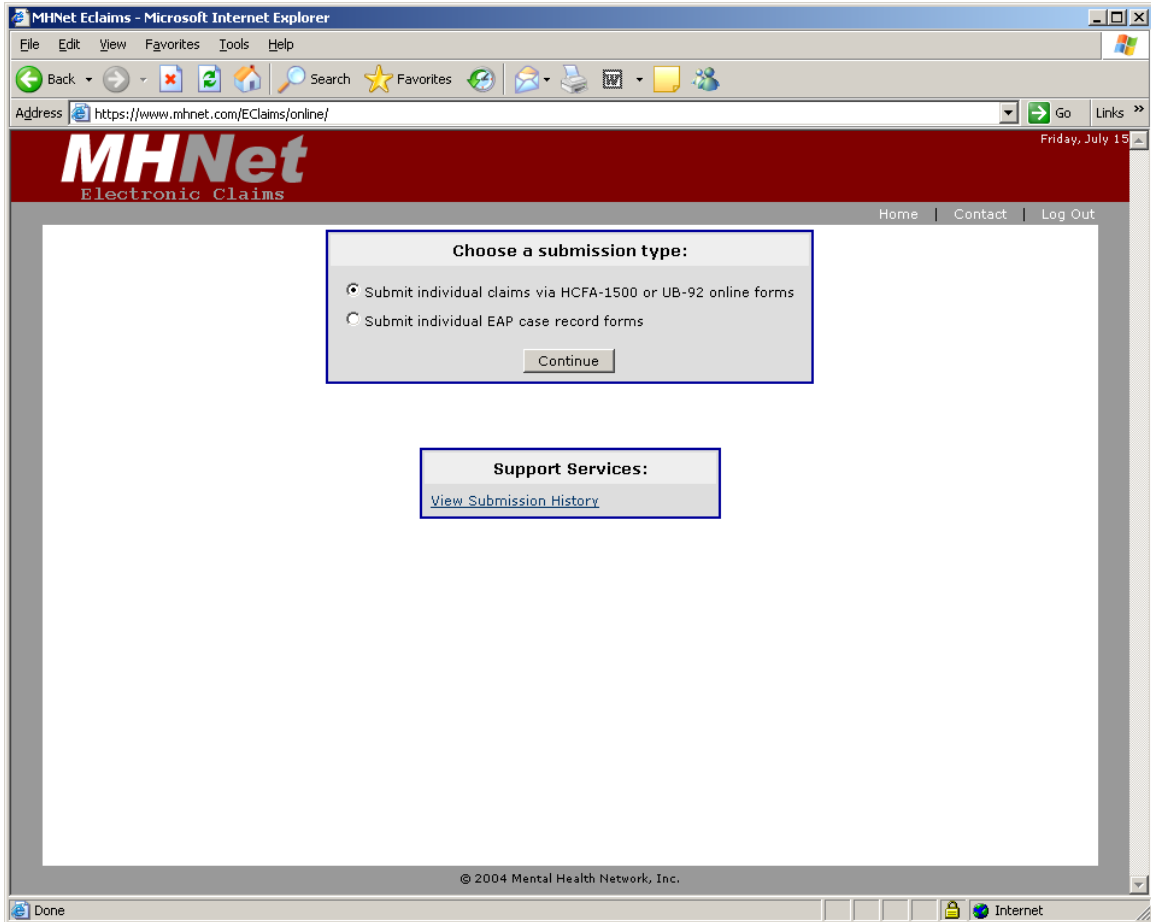
## Electronic Claims Processing

The system requests you confirmation you logged on to the appropriate provider. Select Log Off if necessary otherwise select Click Here to Begin.



## Electronic Claims Processing

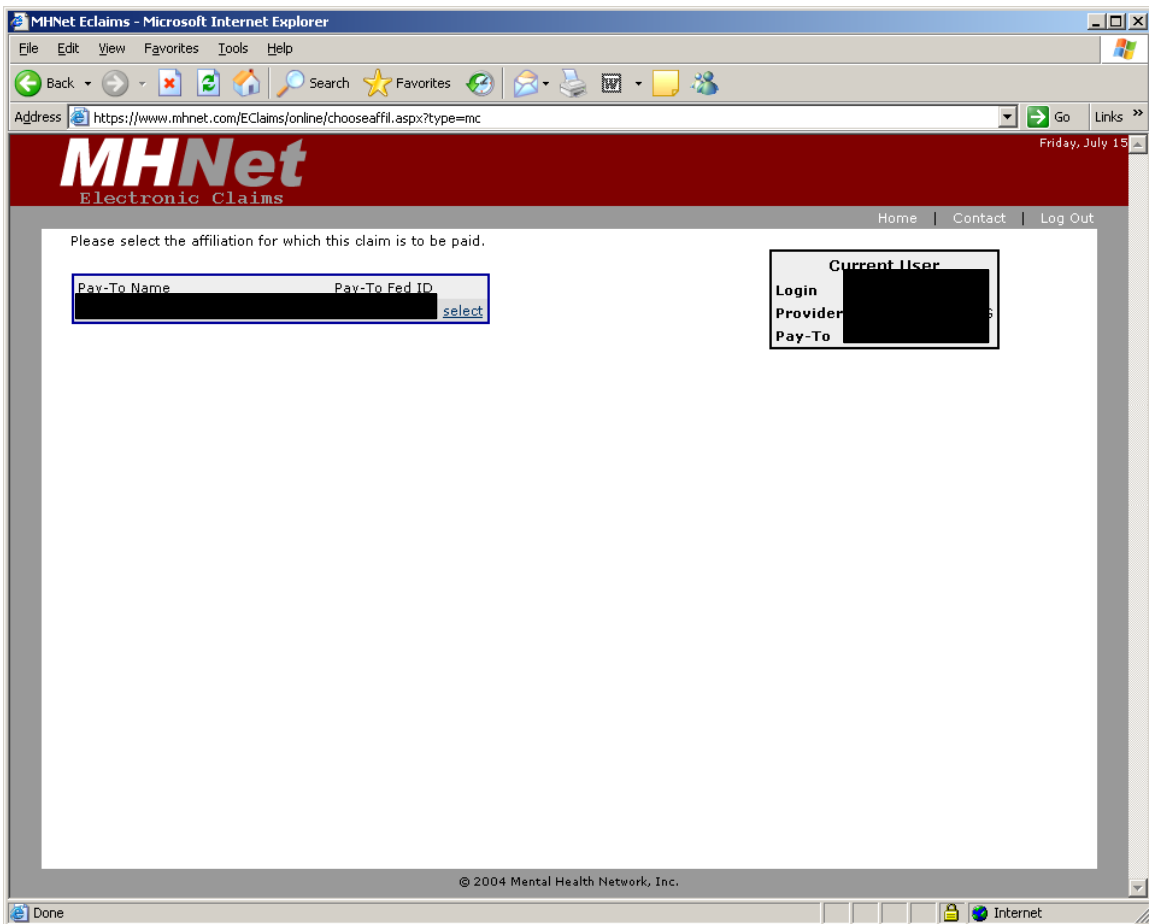
You are prompted to select the type of claims you want to submit, then select Continue.



## Electronic Claims Processing

### Selecting Affiliation/Tax ID

This allows you to select the appropriate Tax ID to which the claim will be paid. If you have multiple Tax ID's they will be listed for you to select the appropriate one, otherwise only one will appear. Select next the to where you want the payment made.

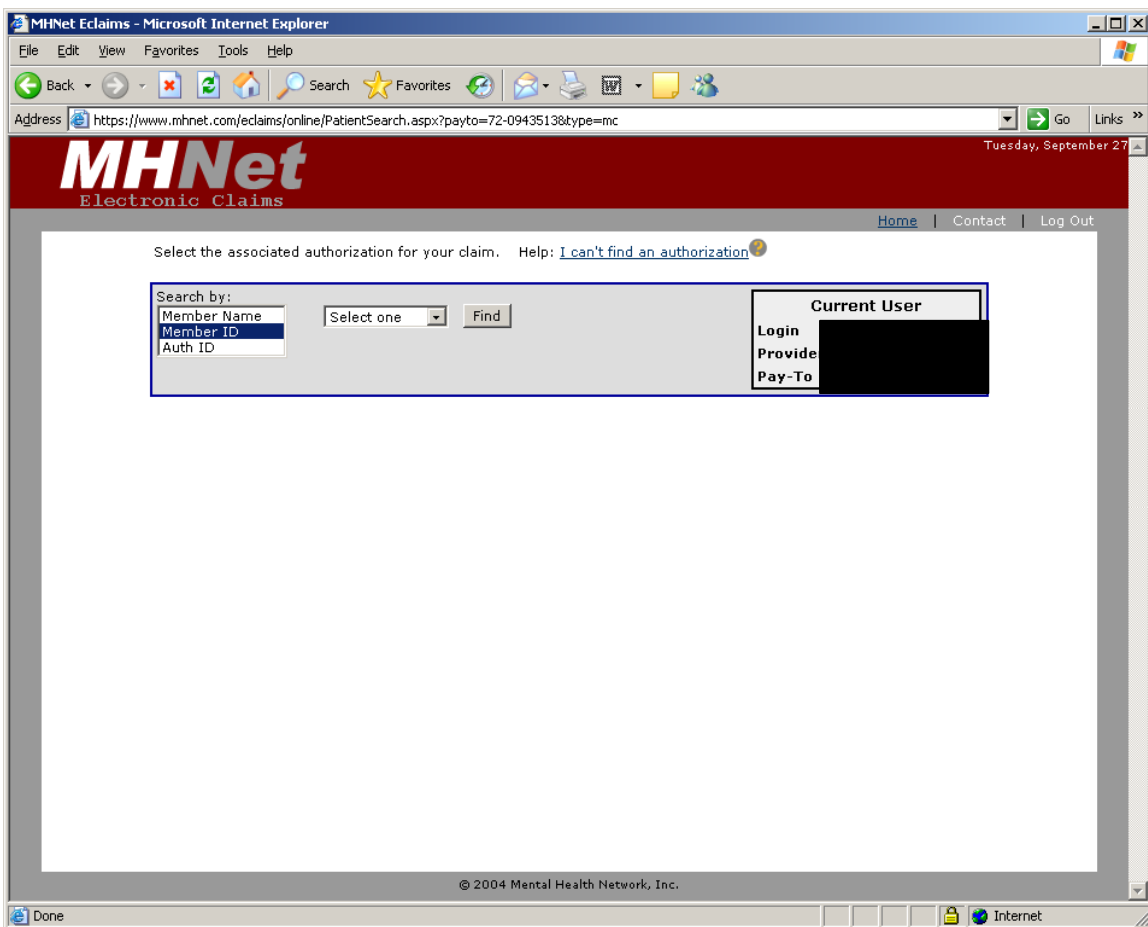


## Electronic Claims Processing

### Select the Authorization

You are giving the option to search for the appropriate authorization by the member name (patient), member ID (ID number from their insurance card) or auth ID (MHNet authorization number).

Hi-light the method you prefer to search by, then utilize the drop down box to make your select, select *Find*. The authorization information will display. Select submit next to the authorization that applies to your claim.



## Electronic Claims Processing

Upon selecting the desired affiliation, you will be directed to the online claim form screen. Using the TAB key to move from field to field. Select Continue when you have completed the information.

### Sample 1500 Claim Form

MHNet Electronic Claims

Required

Patient Name [Redacted] S Rendering Provider [Redacted]  
 Patient Date of Birth 07/01/1961 Rendering Tax ID [Redacted]  
 Patient Acct. No. [Redacted] Affiliation [Redacted]  
 Member ID [Redacted] Pay-To Tax ID [Redacted]  
 Authorization ID (Change) [Redacted] ID (Change) [Redacted]

HCFA-1500 UB-92

**Diagnosis**

1. [Redacted] 2. [Redacted] 3. [Redacted]

	Dates of Service		Place of Service	Procedures	Charges(\$)
	From mm/dd/yyyy	To mm/dd/yyyy			
1.	Choose [Redacted]	Choose [Redacted]	[Redacted]	[Redacted]	[Redacted]
2.	Choose [Redacted]	Choose [Redacted]	[Redacted]	[Redacted]	[Redacted]
3.	Choose [Redacted]	Choose [Redacted]	[Redacted]	[Redacted]	[Redacted]
4.	Choose [Redacted]	Choose [Redacted]	[Redacted]	[Redacted]	[Redacted]
5.	Choose [Redacted]	Choose [Redacted]	[Redacted]	[Redacted]	[Redacted]
6.	Choose [Redacted]	Choose [Redacted]	[Redacted]	[Redacted]	[Redacted]

Recalculate Total(\$) [Redacted]

Continue

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# Electronic Claims Processing

## Example of UB92 Claim Screen

MHNet Eclaims - Microsoft Internet Explorer

Address: https://www.mhnet.com/eclaims/online/claimform.aspx?payto=72-0943513&auth=0526690099

**Electronic Claims** Home Contact Log Out

**Required**

Patient Name [Redacted]      Rendering Provider [Redacted]  
 Patient Date of Birth 11/07/1975      Rendering Tax ID [Redacted]  
 Patient Acct. No. [Redacted]      Affiliation [Redacted]  
 Member ID [Redacted]      Pay-To Tax ID (Change) [Redacted]  
 Authorization ID (Change) [Redacted]      ID (Change) [Redacted]

HCFA-1500      **UB-92**

**Admission/Diagnosis**

Date Admitted  [Choose](#)

Prin. Diag. Cd.

Other Diag. Codes 1.  2.  3.  4.   
 5.  6.  7.

	Rev. Code	Serv. Date	Serv. Units	Total Charges
1.	<input type="text"/>	<input type="text"/> <a href="#">Choose</a>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/> <a href="#">Choose</a>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/> <a href="#">Choose</a>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/> <a href="#">Choose</a>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/> <a href="#">Choose</a>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/> <a href="#">Choose</a>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/> <a href="#">Choose</a>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/> <a href="#">Choose</a>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/> <a href="#">Choose</a>	<input type="text"/>	<input type="text"/>
<a href="#">Recalculate Total(\$)</a>				<input type="text"/>

Continue

## Electronic Claims Processing

The system requests that you verify your claim before you submit the data. Once you select Submit, the system will edit for valid data. In the event an invalid code is entered the system will notify you and allow you to correct the data. Once the data is corrected select Submit, the claim will be transmitted to MHNet for processing. The claim will be processed during a nightly batch cycle and available for status inquiries the next day.

Required

Patient Name [Redacted] S Rendering Provider [Redacted]  
 Patient Date of Birth 07/01/1961 Rendering Tax ID [Redacted]  
 Patient Acct. No. [Redacted] Affiliation [Redacted]  
 Member ID [Redacted] Pay-To Tax ID [Redacted]  
 Authorization ID (Change) [Redacted] ID (Change) [Redacted]

Please confirm your entries and click 'Submit' below

HCFA-1500 UB-92

Diagnosis

1. 311 2. 3.

	Dates of Service		Place of Service	Procedures	Charges(\$)
	From mm/dd/yyyy	To mm/dd/yyyy			
1.	Choose 01/01/2005	Choose 01/01/2005	11	90806	100.00
2.	Choose	Choose			
3.	Choose	Choose			
4.	Choose	Choose			
5.	Choose	Choose			
6.	Choose	Choose			

Recalculate Total(\$) 100.00

Submit

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## Electronic Claims Processing

A confirmation number and control number (patient account number) will be given for each claim submitted. The claim number will be same that appears on your provider remittance advise.

The screenshot shows a web browser window titled "MHNet Eclaims - Microsoft Internet Explorer". The address bar contains the URL: <https://www.mhnet.com/eclaims/online/Confirmation.aspx?type=mc&payto=72-0943513&cnum=0527095955>. The page header features the "MHNet Electronic Claims" logo and navigation links for "Home", "Contact", and "Log Out". The main content area is titled "E-Claims Submission History" and includes a "Thank you!" message for a successful submission. Below the message is a table of submitted claims and a "What do you want to do next?" box with action links.

**Thank you!** Claim 0527095955 has been successfully submitted. Below is a history of your electronically submitted claims including the most recent.

Number of Results:  [What's this](#)

Submitted	Confirmation #	Control #	Submit Type
9/27/2005 8:59:55 AM	0527095955		MC
9/26/2005 12:05:14 PM	0526990514		MC
9/26/2005 12:04:14 PM	0526990414		MC
9/26/2005 12:03:22 PM	0526990322		MC
9/23/2005 2:04:21 PM	0526690421		MC

**What do you want to do next?**

- > [Submit another claim with same Pay-To](#)
- > [Submit another claim with different Pay-To](#)
- > [Start Over](#)
- > [Log Off](#)

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