



FAQs for Registration

- A **provider** is a person, organization or institution enrolled to provide and be reimbursed for health or medical care services authorized under the State Title XIX Medicaid Program.
- A **delegate** is an individual who can perform clerical functions via the portal for legitimate business reasons. Please note that only a registered provider can register a delegate.

Are you a provider? Register if you:

- **Bill under the individual provider number:**
Individual Medicaid number
- **Need to access free remittance advice for the following reasons:**
 - Your claims are billed under the your individual provider number
 - If you are in the Diamond Plan (*deferred compensation plan*) and claims are billed under your individual provider number
- **Need to access MAPIR to attest for Meaningful Use**
- **Receive capitated fees (*formerly known as managed care fees*)**
- **Would like to upload provider enrollment documents (*characteristics*)**
- **Would like to complete your revalidation process on the healthcare portal**
- **Would like to send secure correspondence via the healthcare portal**
- **Would like to request and search for prior authorizations via the healthcare portal**
- **Would like to verify eligibility**
- **Would like the ability to submit claims**

Are you an organization (group, site, practice, or clinic)? Register if you:

- **Bill under the group (*organization*) number**
- **Need to access a remittance advice for claims that are billed under the group (*organization*) number**
- **Receive capitated fees (*formerly known as managed care fees*)**
- **Would like to upload provider enrollment documents (*characteristics*)**
- **Would like to complete your revalidation process on the healthcare portal**
- **Would like to send secure correspondence via the healthcare portal**
- **Would like to request and search for prior authorizations via the healthcare portal**
- **Would like to verify eligibility**
- **Would like the ability to submit claims**



FAQs for Registration (CONTINUED)

A provider should add a delegate if:

- The delegate bills claims on behalf of an individual provider
- The delegate needs to access a remittance advice for the provider for the following reasons:
 - Claims are billed under the provider's individual number
 - The provider is in the Diamond Plan (*deferred compensation plan*) and claims are billed under the provider's personal Medicaid number
- The delegate needs to access the individual capitated fees (*formerly known as managed care fees*) for a provider
- The delegate needs to access any of the following on the healthcare portal:

<ul style="list-style-type: none"> ◦ Care Management – Submit Resubmit Authorization ◦ Care Management – View Authorization ◦ Characteristics ◦ Claim – Inquiry 	<ul style="list-style-type: none"> ◦ Enrollment ◦ File Exchange ◦ MAPIR ◦ Provider History – Inquiry ◦ Secure Correspondence ◦ Treatment History ◦ Verify Eligibility
---	--

An organization should add a delegate if:

- The delegate bills claims on behalf of a group (*organization*)
- The delegate needs to access a remittance advice for a group (*organization*) for claims that are billed under the group (*organization*) number
- The delegate needs to access the capitated fees (*formerly known as managed care fees*) for a group (*organization*)
- The delegate needs to access any of the following on the healthcare portal:

<ul style="list-style-type: none"> ◦ Care Management – Submit Resubmit Authorization ◦ Care Management – View Authorization ◦ Characteristics ◦ Claim – Inquiry 	<ul style="list-style-type: none"> ◦ Enrollment ◦ File Exchange ◦ MAPIR ◦ Provider History – Inquiry ◦ Secure Correspondence ◦ Treatment History ◦ Verify Eligibility
---	--



**For more information, call 1-800-457-4454
or email arxixnewsystem@hpe.com**

THE ARKANSAS FOUNDATION FOR MEDICAL CARE INC. (AFMC) IS UNDER CONTRACT WITH HEWLETT PACKARD ENTERPRISE AND THE ARKANSAS DEPARTMENT OF HUMAN SERVICES (DHS), DIVISION OF MEDICAL SERVICES. THE CONTENTS PRESENTED MAY NOT BE THE SAME AS HPE OR ARKANSAS DHS POLICY. ARKANSAS DHS IS IN COMPLIANCE WITH TITLES VI AND VII OF THE CIVIL RIGHTS ACT. REVISED AUGUST 2017