



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

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