

Provider Portal: Registering on the Portal–Delegate

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. If you are a provider who wants to register a delegate, but have not registered yourself, please review the **Job+Aid Provider Portal: Registering on the Portal–Provider** and complete provider registration first.

1. Go to the portal landing page.

<https://portal.mmis.arkansas.gov/armedicaid/provider/Home/tabid/135/Default.aspx>

2. Click Register Now.

1

2



ARMedicaid

Home

Home Tuesday 08/02/2016 10:30 AM CST

Login

*User ID

Log In

Forgot User ID?

Register Now

Where do I enter my password?

What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can submit claims and inquire on the status of their claims, inquire on a patient's eligibility, upload files containing 837 transactions, and search for another provider. In addition, healthcare providers can use this site to locate claim forms, provider participation materials and other health plan information and resources.

Protect Your Privacy!
Always log off and close all of your browser windows

Would you like to enroll as a Provider or a Trading Partner?

Provider
Trading Partner

Looking for a Doctor or Hospital near you?

Search Providers

FAQs Links and Tools Learn More About

Help us provide better service to you! Click here to give us your feedback.

Website Requirements

Provider Manual




3. Register as a Delegate.

3


Registration

Select one of the following options that best describes your role.




Provider

An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.



Delegate

An individual designated by the Provider for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons.



Trading Partner

An entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.

4. Enter the delegate's First Name, Last Name, Birth Date, Last 4 of SSN and Delegate Code (the code that was issued when the provider registered the delegate).

5. Click Continue.

4


Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!

*First Name

*Last Name

*Birth Date 

*Last 4 of SSN

*Delegate Code

5



For more information call **1-800-457-4454**



6. Enter the following:

- **User ID** (must be at least 8 characters, this is your log-in name that you will create)
- **Password** (you will create)
- **Confirm Password** (re-enter the password you created)

6

Registration Step 2 of 2 - Security Information

* Indicates a required field.

The User ID and Password cannot be the same. Password must be 8-20 characters in length. The Password can only contain letters, numbers, and special characters. The Password must contain a minimum of 1 number, 1 uppercase letter and 1 lowercase letter. Make sure your User ID and Password are something you can remember and that you keep it in a secure place.

* User ID

Check Availability

* Password

* Confirm Password

Please provide your contact information below.

* Display Name


Phone Number


* Email


* Confirm Email


Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.


* Site Key:


☒ Apple


☐ Balloon


☐ Balloons


☐ Baseball


☐ Billiards

* Passphrase

Please select a unique challenge question and provide an answer for each of the question groups below.

* Challenge Question #1

Select a Challenge Question

* Answer to #1

* Challenge Question #2

Select a Challenge Question

* Answer to #2

* Challenge Question #3

Select a Challenge Question

* Answer to #3

Submit

Cancel

7. Next, enter:

- **Display Name**
- **Phone Number**
- **Email* and Confirm Email**

**Make sure this is an accurate email address. This email address will be used to send information concerning your registration.*

7

Registration Step 2 of 2 - Security Information

* Indicates a required field.

The User ID and Password cannot be the same. Password must be 8-20 characters in length. The Password can only contain letters, numbers, and special characters. The Password must contain a minimum of 1 number, 1 uppercase letter and 1 lowercase letter. Make sure your User ID and Password are something you can remember and that you keep it in a secure place.

*User ID

*Password

*Confirm Password

Please provide your contact information below.

*Display Name






Phone Number

*Email

*Confirm Email

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

* Site Key:

*Passphrase

Please select a unique challenge question and provide an answer for each of the question groups below.

*Challenge Question #1

*Answer to #1

*Challenge Question #2

*Answer to #2

*Challenge Question #3

*Answer to #3

8. Next, select:

- Personalized
- Site Key* and Passphrase**

**Site Key: Pick a picture that you will recognize when you verify your identity upon logging into the portal.*

***Passphrase: Enter a word or phrase that you will recognize when you verify your identity upon logging into the portal.*

Registration Step 2 of 2 - Security Information

* Indicates a required field.

The User ID and Password cannot be the same. Password must be 8-20 characters in length. The Password can only contain letters, numbers, and special characters. The Password must contain a minimum of 1 number, 1 uppercase letter and 1 lowercase letter. Make sure your User ID and Password are something you can remember and that you keep it in a secure place.

*User ID

Check Availability

*Password

*Confirm Password

Please provide your contact information below.

*Display Name


Phone Number


*Email


*Confirm Email


Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.


* Site Key:


☒ Apple


☐ Balloon


☐ Balloons


☐ Baseball


☐ Billiards

*Passphrase

Please select a unique challenge question and provide an answer for each of the question groups below.

*Challenge Question #1

Select a Challenge Question

*Answer to #1

*Challenge Question #2

Select a Challenge Question

*Answer to #2

*Challenge Question #3

Select a Challenge Question

*Answer to #3

Submit

Cancel

9. Next, select the Challenge Question.

Select from the drop-down box a unique challenge question and provide an answer for each of the question groups.

Registration Step 2 of 2 - Security Information

* Indicates a required field.

The User ID and Password cannot be the same. Password must be 8-20 characters in length. The Password can only contain letters, numbers, and special characters. The Password must contain a minimum of 1 number, 1 uppercase letter and 1 lowercase letter. Make sure your User ID and Password are something you can remember and that you keep it in a secure place.

*User ID

*Password

*Confirm Password

Please provide your contact information below.

*Display Name






Phone Number

*Email

*Confirm Email

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

* Site Key:


☒ Apple
 
☐ Balloon
 
☐ Balloons
 
☐ Baseball
 
☐ Billiards

*Passphrase

Please select a unique challenge question and provide an answer for each of the question groups below.

*Challenge Question #1

*Answer to #1

*Challenge Question #2

*Answer to #2

*Challenge Question #3

*Answer to #3

10. **Please read the user agreement.** If you choose to accept the terms of the agreement, put the check in the box that is located to the right of “Yes, I accept.”

Note: This acceptance is required.

11. **Click Submit.**

10

User Agreement

The User understands that the Portal Access User Account Agreement (hereinafter "Agreement"), effective today, is made by and between the State of Arkansas Department of Human Services ("DHS") and users who sign up for an account on this website (hereinafter "User").

WHEREAS, User renders certain professional health care services ("Services") to Arkansas Medicaid members, and submits documentation of those Services to DHS; and,

WHEREAS, DHS, in its implementation of the Medicaid program in Arkansas, provides a System of operational and informational support to respond to User inquiries to Arkansas certain data, claims, and billing information through electronic communications and through the Internet (hereinafter the "System").

☒ **Yes, I accept** ☐ Clicking "Yes, I accept" constitutes a signature and your approval of the Agreement, including all terms and conditions listed herein.

Submit **Cancel**

11

12. You will receive a message stating that your registration has been accepted and that you will receive a verification email that contains a secure link needed to complete registration. If you do not see an email, check your spam or junk mail folder. **Click OK.**

12

✓ User Successfully Registered

You have successfully registered for the provider portal!

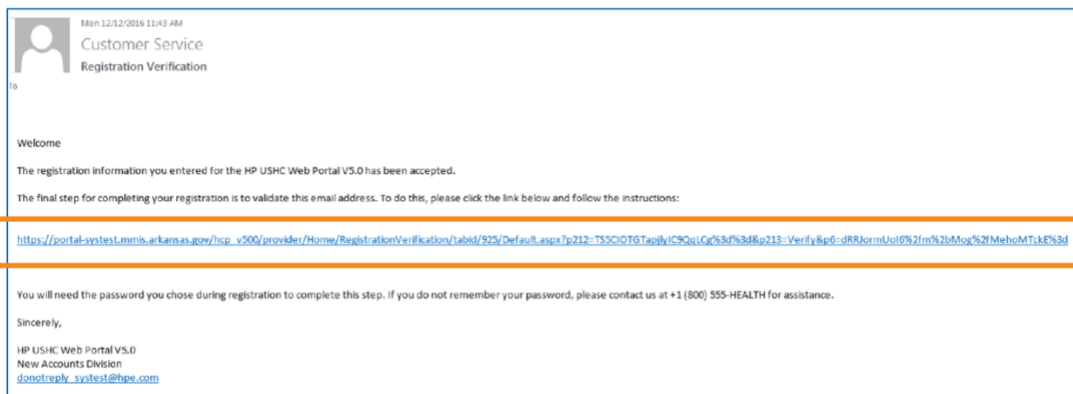
A confirmation email containing your login information has been sent to the email address provided. If you do not see an email, check your spam or junk mail folder.

OK

13. You will receive a **Registration Verification email** validating the information that was entered for the portal.

14. Once opened, **click the link provided within the email.**

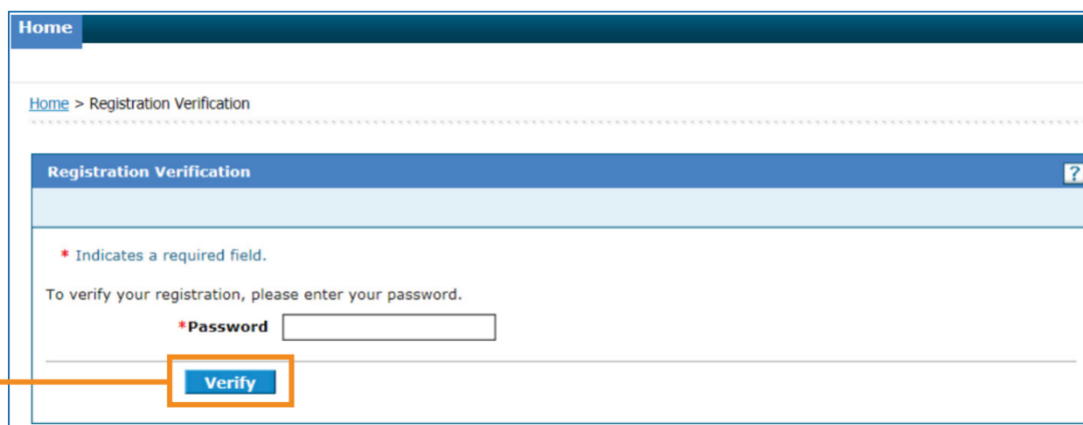
13



14

15. Once you click the link, it will take you back to the portal and you will enter your password.
Click Verify.

15



Home

Home > Registration Verification

Registration Verification

* Indicates a required field.

To verify your registration, please enter your password.

*Password

Verify



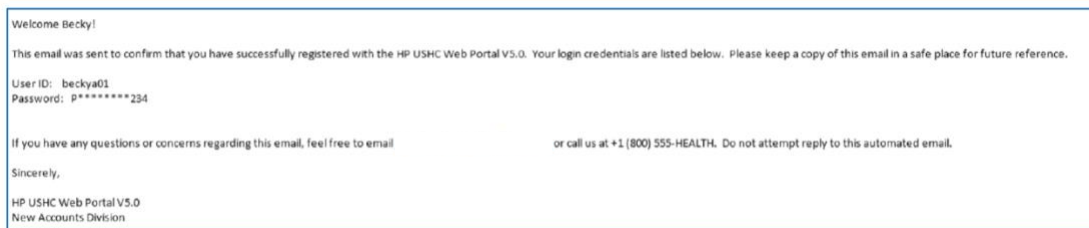
16. You will **get a message** stating that you have successfully registered for the provider portal.
Click **OK**.

16



17. You will receive a **registration confirmation email** that should be saved for your records.

17



Switching providers:

If you are registered as a delegate for several providers, you can log in as a delegate and switch providers without having to log in and out of the portal.

18. Go to the portal landing page.

19. Log in as a ***delegate*** using your:

a. **User ID, Challenge Question and Passphrase**



The screenshot shows the ARMedicaid Healthcare Portal landing page. Callout 18 points to the 'Home' link in the top navigation bar. Callout 19 points to the 'Login' section on the left side of the page, which includes a 'User ID' input field, a 'Log In' button, and links for 'Forgot User ID?', 'Register Now', and 'Where do I enter my password?'. The main content area features a 'What can you do in the Provider Portal' section with a description of portal capabilities, a photo of a doctor and patient, and links for 'FAQs', 'Links and Tools', and 'Learn More About'. The footer contains links for 'Protect Your Privacy!', 'Would you like to enroll as a Provider or a Trading Partner?', 'Looking for a Doctor or Hospital near you?', and 'DHS-703 form'.

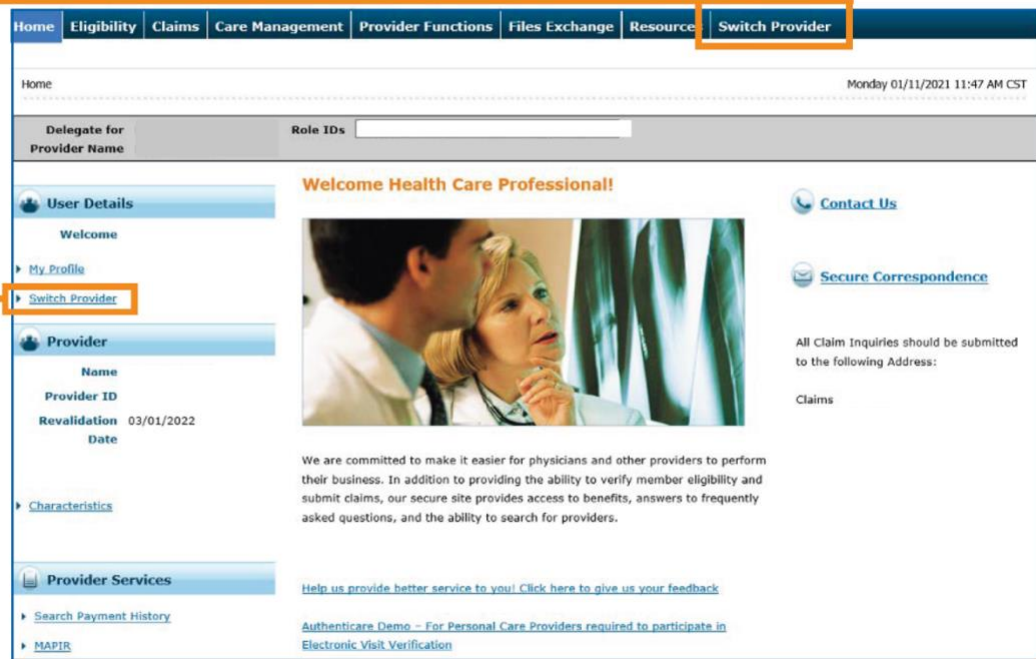


Switching providers:

20. Click on **Switch Provider**.

Either option for Switch Provider will work.

20



For more information call **1-800-457-4454**





21. Choose the **Switch Provider** tab and enter **Display Name** or **Email** of the provider OR use the **Available Providers** to select a provider.
22. Click **Submit**.

21

Switch Provider

Enter at least one selection criteria below and click **Search** to retrieve information.

Display Name

Email

Search **Reset**

Available Providers

Select a Provider that you wish to switch to, then click **Submit** button.

Total Records: 4

#	Display Name ▲	Email Address
1	<input type="radio"/> Dentist	kelli.nichols@hpe.com
2	<input type="radio"/> Jaros	kareny@hpe.com
3	<input type="radio"/> System Test User One	none@none.com

1 2

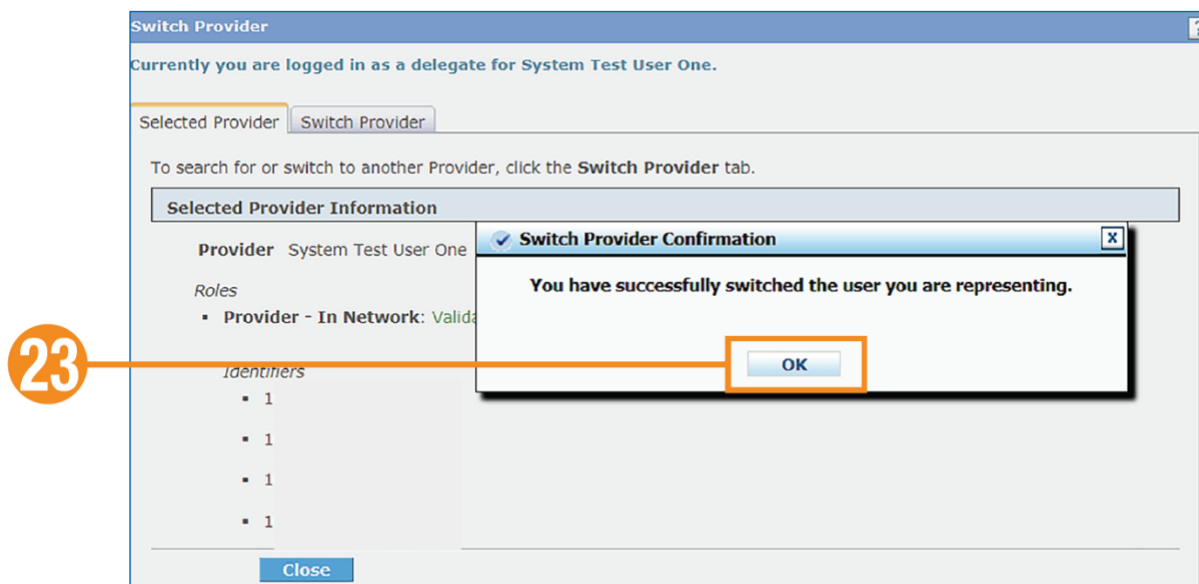
Submit **Close**

22

NOTE: This listing will only show you the providers for whom you are authorized to be a delegate and work on their behalf. In order for a provider to appear in your list, the provider must first register you as a delegate.

You will receive a message stating you have successfully switched providers.

23. Click **OK** to close the dialog box.



To search or switch to another provider, click the **Switch Provider** tab and repeat steps 21–23. Otherwise, click **Close**. This will return you to the portal landing page.

