

Provider Portal: Registering on the Portal – Provider

In order to take advantage of the enhancements of MMIS, providers should register on the Provider Portal. Users planning to perform the following must register as a provider:

- Submitting claims through a direct data entry method (not EDI X12)
- Viewing status of claims online
- Viewing beneficiary eligibility online
- Submitting priority authorization requests online

NOTE: If you plan to submit claims or check eligibility via X12 transactions, you will first need to obtain a trading partner ID after registering. Instructions for enrolling for a trading partner ID are at the link below:

[Trading Partner ID Enrollment](#)



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AR Medicaid

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Tuesday 08/02/2016 10:30 AM CST

Login

*User ID

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[Where do I enter my password?](#)

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

[Provider](#)

[Trading Partner](#)

Looking for a Doctor or Hospital near you?

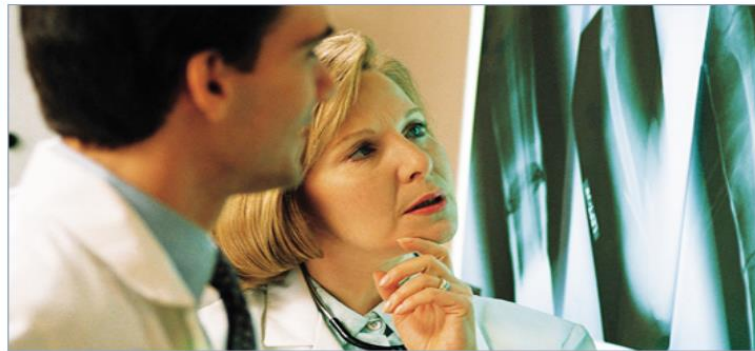
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DHS-703 form

[Fill out Medical Eligibility Application](#)

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.



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1. Go to the portal landing page.

2. Click **Register Now**.



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



Registration

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

3


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.

3. If you are registering as a **Provider** (an individual, state or local agency, corporate or business entity that is enrolled in the Arkansas Medicaid Program as a provider of services), you will click on the **Provider** link.

If you want to register a **Delegate**, please see the *Job+Aid 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 you have not registered yourself, please complete the provider registration first, beginning with step 4 below.

If you want to register as a **Trading Partner**, please see the *Job+Aid Registering on the Portal–Trading Partner*. A trading partner is an entity with whom an organization exchanges data electronically.

Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!

4

*Provider ID Number

*Last 4 of Tax ID or SSN

Continue
Cancel

- Enter your **Provider ID Number** (9-digit number) and **Last 4 of the Tax ID or SSN**.

NOTE: If you have already registered, you will receive a message like the one shown below stating that you have already registered

User Already Registered

You are already registered. There is no need to register again. You can login to the portal using your previously registered user id.

If you think you have received this message in error, please contact customer service.

OK



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

*Answer to #1

*Challenge Question #2

*Answer to #2

*Challenge Question #3

*Answer to #3

Submit

Cancel

5. Enter the following:

- **User ID** (This is your login name that you will create. Must be 8 characters in length)
- **Password** (you will create)
- **Confirm Password** (re-enter the password you created)



For more information call 1-800-457-4454



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

[Check Availability](#)

Please provide your contact information below.

*Display Name

Phone Number






*Email

*Confirm Email

Enter name of provider group or individual provider (for example, ABC Provider or John Smith MD)

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

[Submit](#)

[Cancel](#)

6. Next, enter:

Display Name
Phone Number
Email*
Confirm Email

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

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
 
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☐ 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

[Submit](#) [Cancel](#)

7

7. 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

*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:

				
<input checked="" type="radio"/> Apple	<input type="radio"/> Balloon	<input type="radio"/> Balloons	<input type="radio"/> Baseball	<input type="radio"/> 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

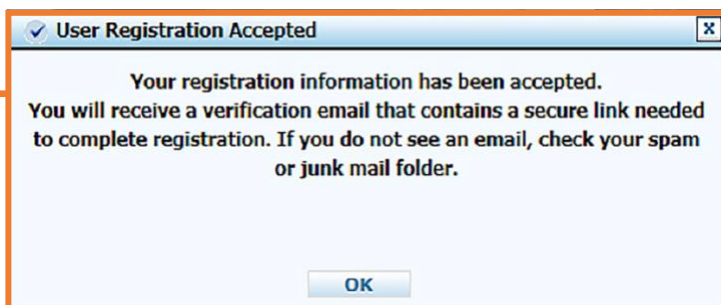
8

8. 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.

Click **Submit**.

9



9. 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.

10. Check the email that you used to register

1. Once you receive your email, it will allow you to complete your final step for registration.
2. Click the link in the email.
3. Once you click the link, it will take you back to the portal and you will enter your password.
4. Click verify.

11. Confirmation Email

- You will receive another email with confirmation that you have registered successfully and your registration information. You will want to keep this email for your records.

NOTE: Providers who receive capitated fee information (formerly managed care fees) related to the following programs must enroll as a trading partner:

- Independent Choices
- PACE (Programs for All-Inclusive Care for the Elderly)
- CPC (Comprehensive Primary Care)
- Private Option or Arkansas Works
- Long-Term Care adjusted service fee claims
- NET service fee claims
- Assisted living
- PCMH (Patient-Centered Medical Home)

Other providers who should enroll as a trading partner include Medicaid providers who:

- Utilize a billing software to submit EDI X12 batch files
- Upload and download X12 files via FTP website

All PCPs must enroll as a trading partner to see the details of their capitated fees (formerly managed care fees)

For information on how to enroll and link your trading partner ID to your profile, please refer to the Trading Partner ID Enrollment Job Aid:

[Trading Partner ID Enrollment](#)

To add a delegate:



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

**ARMedicaid****HEALTHCARE PORTAL****JOB+AID**

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. Steps 12–25 of this Job+Aid must be completed by a registered provider.

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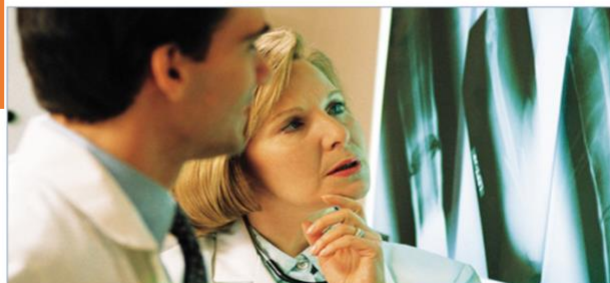
Login

*User ID

Log In

[Forgot User ID?](#)[Register Now](#)[Where do I enter my password?](#)**What can you do in the Provider Portal**

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[Provider](#)
[Trading Partner](#)

Looking for a Doctor or Hospital near you?

[Search Providers](#)

DHS-703 form

[Fill out Medical Eligibility Application](#)[Check Status of Medical Eligibility](#)**NOTE:**

Provider must complete steps 12 – 25 before a delegate can complete registration.

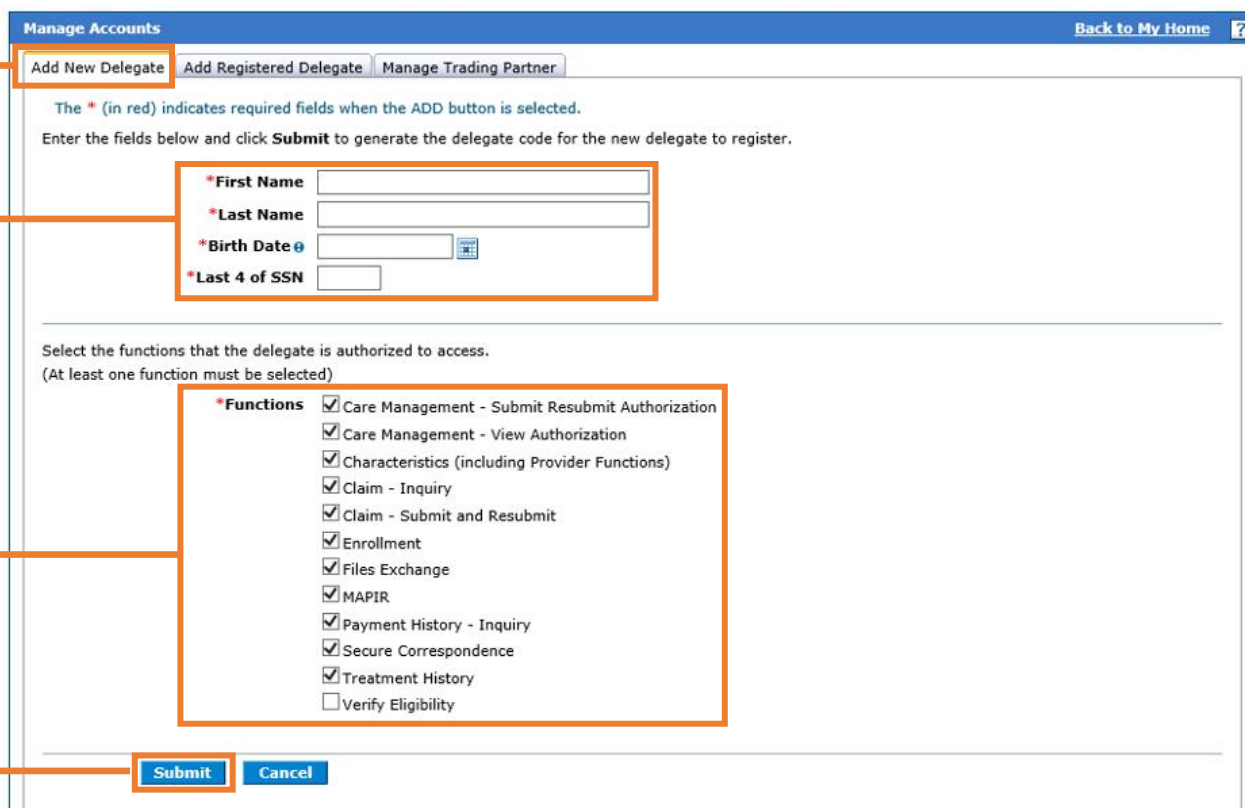
13

12. Go to the portal landing page.

13. Log in as a provider using your:

- **User ID, Challenge Question or Passphrase**
- **Click Manage Accounts**

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



Manage Accounts Back to My Home ?

14 Add New Delegate Add Registered Delegate Manage Trading Partner

The * (in red) indicates required fields when the ADD button is selected.

Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register.

15

*First Name

*Last Name

*Birth Date

*Last 4 of SSN

Select the functions that the delegate is authorized to access.
(At least one function must be selected)

16

*Functions

- ☒ Care Management - Submit Resubmit Authorization
- ☒ Care Management - View Authorization
- ☒ Characteristics (including Provider Functions)
- ☒ Claim - Inquiry
- ☒ Claim - Submit and Resubmit
- ☒ Enrollment
- ☒ Files Exchange
- ☒ MAPIR
- ☒ Payment History - Inquiry
- ☒ Secure Correspondence
- ☒ Treatment History
- ☐ Verify Eligibility

17

14. Select **Add New Delegate** (to add a new delegate) or **Add Registered Delegate** (a delegate who has already registered with another provider).

15. Under the **Add New Delegate** tab, enter:

First Name, Last Name, Birth Date and Last 4 of SSN. Please verify that the delegate's name and all information is entered correctly. You **cannot** edit it once you click **Submit**.

16. Select the **Functions** that the delegate is authorized to access.

17. Click **Submit**.



To add a delegate:

Manage Accounts Back to My Home

Add New Delegate

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

First Name

Last Name

Birth Date

Last 4 of SSN

Status **Active**

Functions

- ☒ Care Management - Submit Resubmit Authorization
- ☒ Care Management - View Authorization
- ☒ Characteristics (including Provider Functions)
- ☒ Claim - Inquiry
- ☒ Claim - Submit and Resubmit
- ☒ Enrollment
- ☒ Files Exchange
- ☒ MAPIR
- ☒ Payment History - Inquiry
- ☒ Secure Correspondence
- ☒ Treatment History
- ☒ Verify Eligibility

18 Edit Confirm Cancel

18. Once you click Submit, you will have the option to **Edit**, **Confirm** or **Cancel**.

If you have no changes, click **Confirm**.

19. You will receive a message letting you know that your delegate has been added to the delegate list. The message will also state that the **Delegate Code** is *required to be communicated to the new delegate for registering with the portal*.

20. Click **OK**.

✓ Delegate Assignment

The delegate has been added to your delegate list.

The delegate code for the new delegate is 10076. The delegate code is required to be communicated to the new delegate for registering with the portal.

19

20 OK

To add a registered delegate:

21

Manage Accounts Back to My Home ?

Add New Delegate **Add Registered Delegate** Manage Trading Partner

The * (in red) indicates required fields when the ADD button is selected.

Enter the Last Name and the Delegate Code to add that delegate to your delegate list then click **Submit** to proceed.

*Last Name

*Delegate Code

Select the functions that the delegate is authorized to access.
(At least one function must be selected)

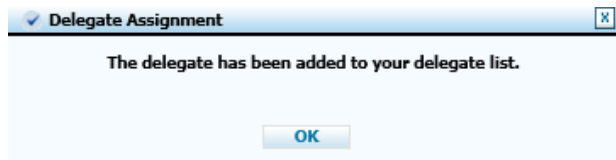
*Functions

- ☐ Care Management - Submit Resubmit Authorization
- ☐ Care Management - View Authorization
- ☐ Characteristics (including Provider Functions)
- ☐ Claim - Inquiry
- ☐ Claim - Submit and Resubmit
- ☐ Enrollment
- ☐ Files Exchange
- ☐ MAPIR
- ☐ Payment History - Inquiry
- ☐ Secure Correspondence
- ☐ Treatment History
- ☐ Verify Eligibility

Submit **Cancel**

21. Under the **Add Registered Delegate** tab, enter:

- a. Existing delegate's **Last Name**
- b. Existing delegate's **Delegate Code**
- c. Select the **Functions** that the delegate is authorized to access
- d. Click **Submit**



- e. The **Delegate** will be added to the delegate list for this provider



Delegates

Click the Delegate's name to change the status and/or the functions of the delegate.

#	Name ▲	Display Name	Birth Date	Last 4 of SSN	Delegate Code	Status
1	[Name]	[Display Name]	[Birth Date]	[Last 4 of SSN]	[Delegate Code]	Active
2	[Name]	[Display Name]	[Birth Date]	[Last 4 of SSN]	[Delegate Code]	Active - Pending
3	[Name]	[Display Name]	[Birth Date]	[Last 4 of SSN]	[Delegate Code]	Active - Pending

22. Once you see the delegate's list, you have the option to click on the **Delegate's Name** to change the status and/or the functions of the delegate.

Manage Accounts

[Back to My Home](#) ?

Edit Delegate

Modify the fields below and click the **Submit** button to update the information.

First Name

Last Name

Birth Date

Last 4 of SSN

Delegate Code

*Status ☐ Active ☒ Inactive

Select the functions that the delegate is authorized to access.

(At least one function must be selected)

- *Functions
- ☒ Care Management - Submit Resubmit Authorization
 - ☒ Care Management - View Authorization
 - ☐ Characteristics (including Provider Functions)
 - ☐ Claim - Inquiry
 - ☐ Claim - Submit and Resubmit
 - ☐ Enrollment
 - ☐ Files Exchange
 - ☐ MAPIR
 - ☐ Payment History - Inquiry
 - ☐ Secure Correspondence
 - ☐ Treatment History
 - ☐ Verify Eligibility

23

Submit

Cancel

23. Once changes are made, click **Submit**.



Manage Accounts [Back to My Home](#) ?

Edit Delegate

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

First Name [Redacted]
Last Name [Redacted]
Birth Date [Redacted]
Last 4 of SSN [Redacted]
Delegate Code [Redacted]
Status Active

Functions

- ☒ Care Management - Submit Resubmit Authorization
- ☒ Care Management - View Authorization
- ☒ Characteristics (including Provider Functions)
- ☒ Claim - Inquiry
- ☒ Claim - Submit and Resubmit
- ☒ Enrollment
- ☒ Files Exchange
- ☒ MAPIR
- ☒ Payment History - Inquiry
- ☒ Secure Correspondence
- ☒ Treatment History
- ☒ Verify Eligibility

24 [Edit](#) [Confirm](#) [Cancel](#)

24. Review changes and click **Confirm.**

25. You will receive the message shown here:

25 **✓ Delegate Assignment** [X]

The delegate information has been successfully been changed.

[OK](#)

**To Manage a Trading Partner ID:**

Manage Accounts [Back to My Home](#) ?

[Add New Delegate](#) [Add Registered Delegate](#) [Manage Trading Partner](#)

The * (in red) indicates required fields when the ADD button is selected.

To Add a Trading Partner to your Trading Partner list, enter the Trading Partner ID and click **Validate**, then click **Submit** to proceed.

26

[Validate Trading Partner](#) 27

28 [Submit](#) [Cancel](#)

Trading Partners

Click the Trading Partner's **Trading Partner ID** to change the Transactions for the Trading Partner.

#	Trading Partner ID	Display Name ▲	Status
1			

26. To add a Trading Partner, enter **Trading Partner ID**.

27. Click **Validate Trading Partner**.

28. Once validated click **Submit**.

Terminating a delegate:

29

30



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Home | **Eligibility** | Claims | Care Management | Provider Functions | Files Exchange | Resources

Home Thursday 03/25/2021 03:27 PM CST

Provider Name Role IDs Provider - In Network - ✓

User Details

Welcome

My Profile

Manage Accounts

Provider

Name

Provider ID

Revalidation Date

Characteristics

Provider Services

Search Payment History

MAPIR

Welcome Health Care Professional!

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[Secure Correspondence](#)

All Claim Inquiries should be submitted to the following Address:

Claims
Gainwell Technologies
PO BOX 8034
LITTLE ROCK, AR 72203

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

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[Authenticare Demo - For Personal Care Providers required to participate in Electronic Visit Verification](#)

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29. Go to the portal landing page. Log in as **provider** using your: **User ID, Challenge Question or Passphrase.**

30. Click **Manage Accounts.**



Manage Accounts [Back to My Home](#) ?

[Add New Delegate](#) [Add Registered Delegate](#) [Manage Trading Partner](#)

The * (in red) indicates required fields when the ADD button is selected.

Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register.

*First Name

*Last Name

*Birth Date

*Last 4 of SSN

Select the functions that the delegate is authorized to access.
(At least one function must be selected)

*Functions

- ☐ Care Management - Submit Resubmit Authorization
- ☐ Care Management - View Authorization
- ☐ Characteristics (including Provider Functions)
- ☐ Claim - Inquiry
- ☐ Claim - Submit and Resubmit
- ☐ Enrollment
- ☐ Files Exchange
- ☐ MAPIR
- ☐ Payment History - Inquiry
- ☐ Secure Correspondence
- ☐ Treatment History
- ☐ Verify Eligibility

Submit **Cancel**

Delegates

Click the Delegate's name to change the status and/or the functions of the delegate.

#	Name ▲	Display Name	Birth Date	Last 4 of SSN	Delegate Code	Status
1	[Redacted Name]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Active

31

31. Scroll down to the delegate list and click on the delegate's name you seek to terminate or deactivate.



32. Next to **Status**, toggle your selection to **Inactive**.

33. Click **Submit**.

Manage Accounts [Back to My Home](#) ?

Edit Delegate

Modify the fields below and click the **Submit** button to update the information.

First Name

Last Name

Birth Date

Last 4 of SSN

Delegate Code

***Status** ☐ Active ☒ Inactive

Select the functions that the delegate is authorized to access.
(At least one function must be selected)

***Functions**

- ☒ Care Management - Submit Resubmit Authorization
- ☒ Care Management - View Authorization
- ☐ Characteristics (including Provider Functions)
- ☐ Claim - Inquiry
- ☐ Claim - Submit and Resubmit
- ☐ Enrollment
- ☐ Files Exchange
- ☐ MAPIR
- ☐ Payment History - Inquiry
- ☐ Secure Correspondence
- ☐ Treatment History
- ☐ Verify Eligibility

Submit **Cancel**



Manage Accounts Back to My Home ?

Edit Delegate

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

First Name [Redacted]
Last Name [Redacted]
Birth Date [Redacted]
Last 4 of SSN [Redacted]
Delegate Code [Redacted]
Status Inactive

Functions

- ☒ Care Management - Submit Resubmit Authorization
- ☒ Care Management - View Authorization
- ☒ Characteristics (including Provider Functions)
- ☒ Claim - Inquiry
- ☒ Claim - Submit and Resubmit
- ☒ Enrollment
- ☒ Files Exchange
- ☒ MAPIR
- ☒ Payment History - Inquiry
- ☒ Secure Correspondence
- ☒ Treatment History
- ☒ Verify Eligibility

34 Edit Confirm Cancel

34. Click **Confirm**.

35. Click **OK** to close the dialog.

✓ Delegate Assignment ✕

The delegate information has been successfully been changed.

OK



36. The delegate is now inactive.

Manage Accounts [Back to My Home](#) ?

[Add New Delegate](#) [Add Registered Delegate](#) [Manage Trading Partner](#)

The * (in red) indicates required fields when the ADD button is selected.

Enter the Last Name and the Delegate Code to add that delegate to your delegate list then click **Submit** to proceed.

*Last Name

*Delegate Code

Select the functions that the delegate is authorized to access.
(At least one function must be selected)

*Functions

- ☐ Care Management - Submit Resubmit Authorization
- ☐ Care Management - View Authorization
- ☐ Characteristics (including Provider Functions)
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- ☐ Verify Eligibility

Submit **Cancel**

Delegates

Click the Delegate's name to change the status and/or the functions of the delegate.

#	Name ▲	Display Name	Birth Date	Last 4 of SSN	Delegate Code	Status
1	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Inactive

36

37. Click OK to close the dialog.

Delegate Assignment [X]

The delegate information has been successfully been changed.

OK