



### 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 would like to:

- **Bill under the individual provider number:**  
Individual Medicaid number
- **Access free remittance advice for the following reasons:**
  - Your claims are billed under your individual provider number
  - If you are in the Diamond Plan (*deferred compensation plan*) and claims are billed under your individual provider number
- **Access MAPIR to attest for Meaningful Use**
- **Receive capitated fees (*formerly known as managed care fees*)**
- **Upload provider enrollment documents (*provider functions*)**
- **Complete your revalidation process on the healthcare portal**
- **Send secure correspondence via the healthcare portal**
- **Request and search for prior authorizations via the healthcare portal**
- **Access Prior Authorization Letters in the Healthcare Portal**
- **Verify eligibility**
- **Submit claims**
- **Access Health Care Innovation-Document Retrieval System**

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

- **Bill under the group (*organization*) number**
- **Access a remittance advice for claims that are billed under the group (*organization*) number**
- **Receive capitated fees (*formerly known as managed care fees*)**
- **Upload provider enrollment documents (*provider functions*)**
- **Complete your revalidation process on the healthcare portal**
- **Send secure correspondence via the healthcare portal**
- **Request and search for prior authorizations via the healthcare portal**
- **Access Prior Authorization Letters in the Healthcare Portal**
- **Verify eligibility**
- **Submit claims**
- **Access Health Care Innovation-Document Retrieval System**



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



**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:**
  - Care Management – Submit Resubmit Authorization
  - Care Management – View Authorization
  - Characteristics
  - Claim – Inquiry
  - 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:**
  - Care Management – Submit Resubmit Authorization
  - Care Management – View Authorization
  - Characteristics
  - Claim – Inquiry
  - Enrollment
  - File Exchange
  - MAPIR
  - Provider History – Inquiry
  - Secure Correspondence
  - Treatment History
  - Verify Eligibility



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