

# AHIN ONLINE ENROLLMENT INSTRUCTIONS

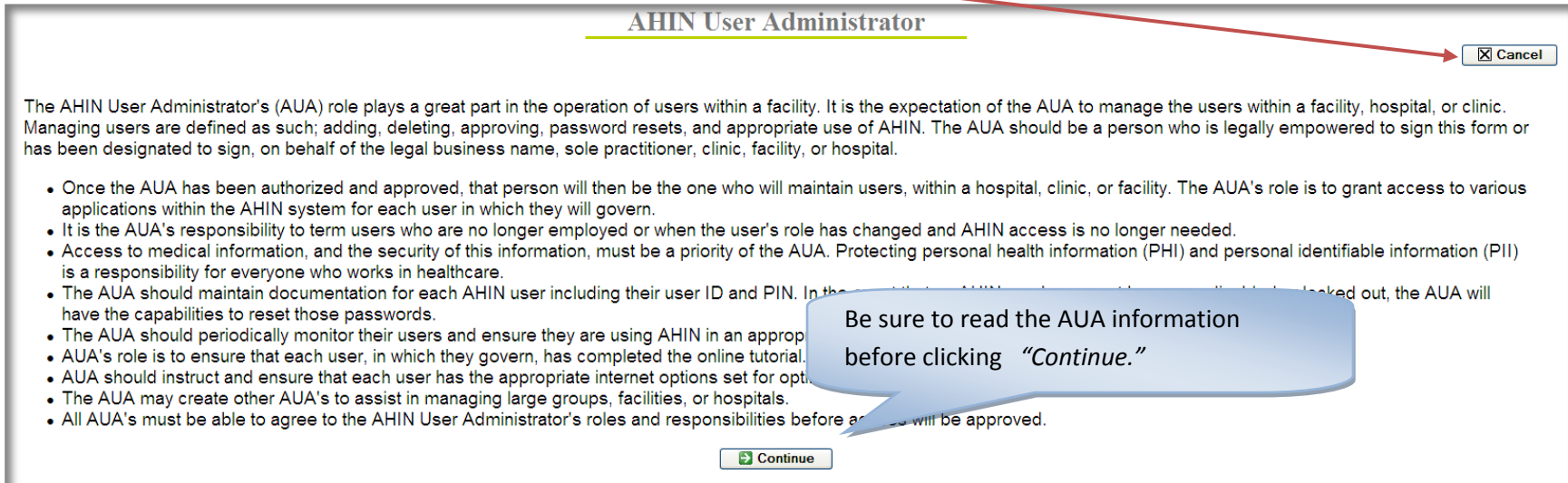
For assistance please call AHIN Customer  
Support at (501) 378-2336

The first page of the AHIN online Enrollment explains what AHIN is and what information is needed to proceed. . “Your Information” is the person completing the application aka “Requester.” The requester and the AHIN User Administrator (AUA) do not have to be the same person. The AUA information is collected later in this process. Please note **ALL FIELDS ARE REQUIRED.** Click “Continue” after all the information has been entered. ALL AHIN USERS MUST BE 18 YEARS OF AGE.

The screenshot shows the 'Welcome to AHIN Online Enrollment' page. At the top, it says 'STOP! PLEASE READ THE FOLLOWING' in red. Below this, there are sections for 'What is AHIN?', 'What are the Benefits of AHIN?', 'How AHIN Works', and 'How Do I Get AHIN?'. A list of required information is provided, including an electronic submitter number, NPI(s) and EIN(s), and AHIN User Administrator details. A 'Continue' button is visible at the bottom of the page. A callout box highlights the 'Your Information' form, which contains the following fields: First Name (jane), Last Name (doe), Birth Date (01/01/1980), Job Title (supervisor), Phone Number (5013782000), Email (testsubmitter@yahoo.com), and Confirm Email (testsubmitter@yahoo.com). A 'Continue' button is located below the form.

Enter all of your information then click “Continue”. Be sure to verify all information has been entered correctly.

This screen contains an overview of the AUA responsibility. After reading, please click "Continue.". To terminate the enrollment click "Cancel" which is located in the upper right corner of each page.



The screenshot shows a web page titled "AHIN User Administrator" with a yellow underline. In the top right corner, there is a "Cancel" button with a close icon. A red arrow points from the text above to this button. The main content area contains a paragraph and a bulleted list. A blue callout box with white text is overlaid on the list, stating: "Be sure to read the AUA information before clicking 'Continue.'". At the bottom center, there is a "Continue" button with a right-pointing arrow.

### AHIN User Administrator

The AHIN User Administrator's (AUA) role plays a great part in the operation of users within a facility. It is the expectation of the AUA to manage the users within a facility, hospital, or clinic. Managing users are defined as such; adding, deleting, approving, password resets, and appropriate use of AHIN. The AUA should be a person who is legally empowered to sign this form or has been designated to sign, on behalf of the legal business name, sole practitioner, clinic, facility, or hospital.

- Once the AUA has been authorized and approved, that person will then be the one who will maintain users, within a hospital, clinic, or facility. The AUA's role is to grant access to various applications within the AHIN system for each user in which they will govern.
- It is the AUA's responsibility to term users who are no longer employed or when the user's role has changed and AHIN access is no longer needed.
- Access to medical information, and the security of this information, must be a priority of the AUA. Protecting personal health information (PHI) and personal identifiable information (PII) is a responsibility for everyone who works in healthcare.
- The AUA should maintain documentation for each AHIN user including their user ID and PIN. In the event that a user is locked out, the AUA will have the capabilities to reset those passwords.
- The AUA should periodically monitor their users and ensure they are using AHIN in an appropriate manner.
- AUA's role is to ensure that each user, in which they govern, has completed the online tutorial.
- AUA should instruct and ensure that each user has the appropriate internet options set for optimal performance.
- The AUA may create other AUA's to assist in managing large groups, facilities, or hospitals.
- All AUA's must be able to agree to the AHIN User Administrator's roles and responsibilities before access will be approved.

Please enter the pay to provider information.

- Your electronic submitter number is assigned by Arkansas Blue Cross and Blue Shield. If you do not have a submitter number, please contact EDI at (501) 378-2419.
- All pay-to NPI(s) for providers who are receiving payment through your facility.
- EIN(s) (Tax IDs)

Once all fields are completed, click “Add Submitter.”

If the provider has multiple submitter numbers, please note you must repeat this process for each submitter number. Remember only pay-to information should be entered.

Add Submitter(s)

Please key in Submitter Number + NPI + Tax ID for each submitter, you can add multiple submitters.  
**Only give us your Group Pay-To NPI!**

All three numbers are required and must match what AHIN has on file for this Submitter. AHIN will bring back all Providers linked to S

Submitter Number:  NPI:  Tax Id:

Have another submitter number? Enter the information after you have finished adding the first one.

All NPIs associated with the submitter number will be listed. For providers with multiple submitter numbers, each submitter number/NPI added will be displayed in sections, so the AUA and claim information can be added for each one.

Please key in Submitter Number + NPI + Tax ID for each submitter, you can add multiple submitters.  
**Only give us your Group Pay-To NPI!**  
 All three numbers are required and must match what AHN has on file for this Submitter. AHN will bring back all Providers linked to Submitter Number

Submitter Number:  NPI:  Tax ID:

**E9999** [Remove](#) Select remove to omit this submitter from your enrollment request.

Providers Matching the Submitter Number **E9999**

Include Exclude	Provider	City	State	Phone	Sub Id	Tax Id	NPI	Exclude Reason
<input checked="" type="checkbox"/>	Provider Name	Little Rock	AR	(501)378-2000	E9999 78			

Select  to exclude provider from this enrollment request.

Additional NPIs Please enter additional NPIs that should be associated with this submitter number that were not returned in the initial search.  
 NPI:  [+ Add](#)

**User Admin Information**  
 You must set up an AUA for Each Submitter.  
 Are you the AUA for this Submitter?  
 Yes  No  
 Quick Fill:

First Name:   
 Last Name:   
 DOB:   
 Job:   
 Phone:   
 Email:   
 Confirm Email:

**Claim Information**  
 Please select the type of claims currently submitted.  
 Ark BCBS or Medicare must be selected.

Arkansas Medicare:  AHN Commercial:  
 Private Business:  Arkansas Medicaid:  
 - Arkansas BCBS  
 - Health Advantage  
 - BlueAdvantage  
 - Federal Employee Program  
 - Access Only  
 - Medi-Pak Advantage  
 - BlueCard/ITS

Additional Comments  
 (Please let us know of any issues or concerns you may have or special circumstances.)

[Continue](#)

Additional NPIs can be entered for the submitter number. If the NPI is not valid for Private Business, we will only display the NPI and indicate the following message in red - **AHIN will contact you regarding the NPI.**

**Additional NPIs** Please enter additional NPIs that should be associated with this submitter number that were not returned in the initial search

NPI:

<u>Provider</u>	<u>City</u>	<u>State</u>	<u>Phone</u>	<u>Sub Id</u>	<u>Tax Id</u>	<u>NPI</u>	<u>_____</u>
-----------------	-------------	--------------	--------------	---------------	---------------	------------	--------------

The AUA and claim information now need to be completed. If the AUA and the Requester are the same person, you can do one of the following: (1) select “Yes” to auto populate the Requester’s information as the AUA, or (2) click on the arrow in the Quick Fill box below and select their name (for facilities with multiple submitter numbers and AUA ). If the requester is not the AUA please complete all information.

Next indicate the type of claim(s) you currently submit. If you are not currently submitting all the types of claims you select, AHIN will contact you to discuss this with you.

Additionally, please enter any issues or concerns in the comment field provided. Click “Continue” when completed.

The screenshot shows a web form with two main sections: "User Admin Information" and "Claim Information".

**User Admin Information:** This section includes a dropdown menu for "Requester and AUA the same?" with a blue callout bubble pointing to it that says "Requester and AUA the same? Click here to use your information." Below this are input fields for "Job:" (supervisor), "Phone:" (5013782000), "Email:" (itsubmitter@yahoo.com), and "Confirm Email:" (itsubmitter@yahoo.com). At the bottom of this section is a text area for "Additional Comments (Please let us know of any issues or concerns you may have or special circumstances.)".

**Claim Information:** This section asks to "Please select the type of claims currently submitted." and notes that "Ark BCBS or Medicare must be selected." It contains several checkboxes: "Arkansas Medicare:", "Private Business:" (with sub-options: Arkansas BCBS, Health Advantage, BlueAdvantage, Federal Employee Program, Access Only, Medi-Pak Advantage, BlueCard/ITS), "AHIN Commercial:", and "Arkansas Medicaid:".

At the bottom of the form is a green "Continue" button with a right-pointing arrow.

For additional information on sending Medicaid or commercial claims please contact AHIN Customer Support at (501) 378-2336

Please take a moment to verify all information listed is correct:

- Requester
- Submitter and Provider
- AUA
- Claim
- Additional Comments (if needed)

If you would like to make changes, you may return to the previous page by clicking *“Edit Submitter.”*

To complete the enrollment process, please confirm your submission by selecting *“I confirm”* and clicking *“Enroll.”*

**Confirm**

Your request is not complete until you click the enroll button at the bottom of the page.

---

### Requester Information

Last Name: doe First Name: jane Birth: 01/01/1980  
Job Title: supervisor Phone: 50137820000 Email: testsubmitter@yahoo.com

---

**E9999** [Remove](#) Select remove to omit this submitter from your enrollment request.

---

Providers Matching the Submitter Number **E9999**

Include	Exclude	Provider	City	State	Phone	Sub Id	Tax Id	NPI	Exclude Reason
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provider Name	Little Rock	AR	(501)378-2000	E9999	789456123	1234567890	

Select  to exclude provider from this enrollment request.

---

#### User Admin Information

First Name:

Last Name:

DOB:

Job:

Phone:

Email:

Additional Comments:

#### Claim Information

- Arkansas Medicare
- Private Business
- ARN Commercial
- Arkansas Medicaid

- Arkansas SCBS
- Health Advantage
- Blue Advantage
- Federal Employee Program
- Access Only
- Medi-Pak Advantage
- BlueCard/MS

I confirm that I have verified this information and it's accurate and truthful to the best of my knowledge.

Ready to enroll? Click here and agree before moving to the Enroll button

Need to make changes to the information? Click here to return to previous page.

Enrollment has been completed once you have reached the “Thank You” page. Please note the final steps of this process outlined in the message below.

**Thank You!**

---

Thank you for your interest in AHIN. Your application has been forwarded for processing. There are two steps in this process. AHIN Customer Support will make direct contact with the provider/facility to verify:

- Their desire to be enrolled in AHIN and verify all information.
- The person requesting enrollment is allowed to be their AHIN User Administrator.

Once the request has been validated the AHIN administrator will receive an email with the following information:

- AHIN User ID
- Temporary password
- Temporary Personal Identification Number (PIN)
- Instructions on how to complete the process

Please allow 2 business days for processing. Please contact AHIN Customer Support at (501) 378-2336 if you need assistance with the online process or have any other questions.

[Go to the Arkansas Blue Cross Blue Shield Website](#)   [AHIN Login Page](#)