

Provider Portal: How to Check Claim Status



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Home

Home

Tuesday 08/02/2016 10:30 AM CST

Login

*User ID

[Log In](#)

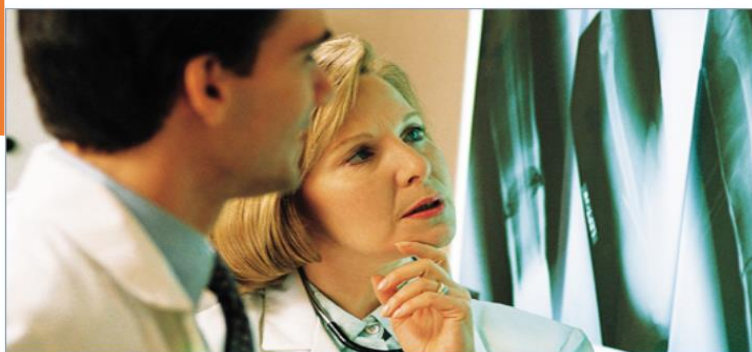
[Forgot User ID?](#)

[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.



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[Website Requirements](#)

[Provider Manual](#)

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](#)

DHS-703 form

[Fill out Medical Eligibility Application](#)

[Check Status of Medical Eligibility](#)

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1. Go to the portal landing page and log in using your **User ID** and **password**. If you do not have a User ID and password, click **Register Now** or see the JOB+AID “**Registering on the Portal.**”

If you have already logged in, skip to **step 2**.



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



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- Eligibility
- Claims**
- Care Management
- Provider Functions
- Files Exchange
- Resources

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Search Payment History](#) | [Maintain Favorite Providers](#) | [Saved Claims](#)

Claims

Tuesday 01/12/2021 11:04 AM CST

Provider Name PCP PROVIDER **Role IDs** Provider - In Network - 111111112 (NF ▼)

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Claims

- Search Claims**
- ▶ [Submit Claim Dental](#)
- ▶ [Submit Claim Inst](#)
- ▶ [Submit Claim Prof](#)
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2. Click on the **Claims** tab.
3. Click on the **Search Claims** link.



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

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Search Payment History](#)

[Claims](#) > Search Claims

Provider Name Role IDs

Search Claims ?

Medical/Dental

Instructions:
 A claim with a Claim Status of PAID without a Paid Date has been approved, the Paid Date is pending.
 A minimum one field is required.
 Either 'Paid Date' or 'Service From' and 'To' Date are required fields for the search when claim information is not entered.

Claim Information

Claim ID TCN

Beneficiary Information

Beneficiary ID Birth Date

Last Name First Name

Service Information

Service From To Claim Type

Paid Date Claim Status

4. Enter the **Claim ID** (13-digit number).

NOTE: If the Claim ID or the TCN (formerly known as ICN) is not available, complete the fields in the Beneficiary Information and Service Information fields: **Beneficiary ID, Birth Date, Last Name, First Name, Service From and To date, Claim Type, Claim Status and Paid Date.**

5. Click **Search**.

HINT: The more information you enter, the better the search.



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Search Results

To see service line information, Click on the "+" next to the claims ID.

Total Records: 1

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Claim ID	Adjusted Claim ID	ICN	Claim Type	Claim Status	Service Date ▼	Beneficiary ID	Performing Provider ID	Medicaid Paid Amount	Paid Date
+	N/A		Professional	Pay					-

6. Scroll down to see search results.

7. Click the + sign to see more service line information.



Search Results

To see service line information, Click on the "+" next to the claims ID.

Total Records: 1

Claim ID	Adjusted Claim ID	TCN	Claim Type	Claim Status	Service Date	Beneficiary ID	Performing Provider ID	Medicaid Paid Amount	Paid Date
[Link]	N/A								-

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Professional Claim Information

Beneficiary [Redacted] Total Charge Amount [Redacted]
 Birth Date [Redacted] Total Paid Amount [Redacted]
 Performing Provider [Redacted] Paid Date [Redacted]
 Claim Status [Redacted] Reason Code [Redacted]

Service Information

Service	Service Date	Line Status	Reason Code	Units	Procedure/Modifiers	Charge	Paid
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Service Details

#	From Date	To Date	Place Of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Family Plan	Charge Amount	Allowed Amount	Co-pay Amount
1	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]

No Adjudication Errors exist for this claim

No Attachments exist for this claim

Edit Copy Void Print Preview Inquiry

- 8. Click the **Claim ID** link if you want to edit, copy, void, print preview or send an inquiry. For more detailed information about how to edit, copy and void a claim, refer to the webinar **“Submitting and Reviewing a Claim Form.”**



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