



Provider Portal: Eligibility Verification

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.



ARMedicaid [Contact Us](#) | [Login](#)
[Español](#) | [Other](#)

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?](#)

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](#)

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.



FAQs **Links and Tools** **Learn More About**

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[Provider Manual](#)



2. Click on the **Eligibility** tab
3. Click on the **Eligibility Verification** link

The screenshot shows the ARMedicaid Healthcare Portal interface. At the top, the ARMedicaid logo is on the left, and 'Contact Us | Logout' is on the right. Below the logo is a navigation bar with tabs: Home, Eligibility, Claims, Care Management, Provider Functions, Files Exchange, and Resources. The 'Eligibility' tab is highlighted. Below the navigation bar, there is a sub-header 'Eligibility Verification | Treatment History'. The main content area has a header 'Eligibility' with a timestamp 'Thursday 10/27/2016 02:50 PM CST'. Below this is a form with fields for 'Provider Name' and 'Role IDs'. A blue button labeled 'Eligibility' is visible. Below the button, there is a link 'Eligibility Verification' which is highlighted with a red box and a mouse cursor. Below this link is a link 'Treatment History'. At the bottom left of the page, the text 'RS.0' is visible.

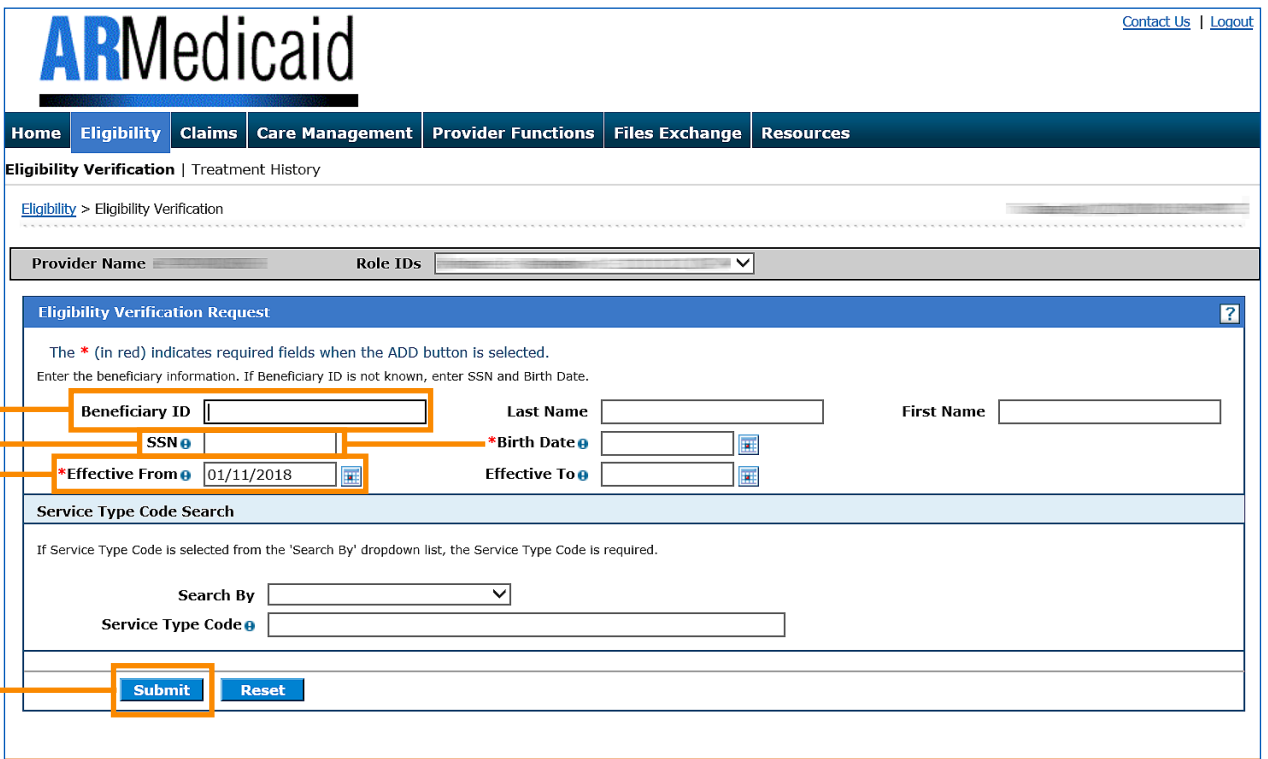
If **Beneficiary ID** is known:

4. Enter the **Beneficiary ID**, **Birth Date**, **Effective From** and **Effective To** dates.

If **Beneficiary ID** is not known, enter at least two of the following:

5. Enter **Social Security Number**, **First** and **Last Name** and **Date of Birth**
6. Enter **Effective Date** (NOTE: *Effective Date is a required field. Date cannot be in the future.*)
7. Click **Submit**.

Depending on your beneficiary's status, you will see different detail information.



The screenshot shows the ARMedicaid Eligibility Verification Request form. The form is titled "Eligibility Verification Request" and includes a navigation bar with links: Home, Eligibility, Claims, Care Management, Provider Functions, Files Exchange, and Resources. The "Eligibility" link is active. Below the navigation bar, there is a section for "Eligibility Verification" with a "Treatment History" link. The form contains several input fields and buttons. Numbered callouts point to specific fields: 4 points to the "Beneficiary ID" field, 5 points to the "SSN" field, 6 points to the "Effective From" field, and 7 points to the "Submit" button. The form also includes fields for "Last Name", "First Name", "Birth Date", and "Effective To". A "Service Type Code Search" section is located below the main input fields, with a "Search By" dropdown and a "Service Type Code" input field. A "Reset" button is located next to the "Submit" button.



ARMedicaid

HEALTHCARE PORTAL

JOB+AID

- 8a. Initial view of verification screen.
Use the “+” sign to access additional information.

Coverage Details for Beneficiary ID 0320515101 - MAIRE N TESTER from 8/19/2024 to 8/19/2024

Verification Response ID 2423200003

Primary Care Provider

PCP Name	PCP NOT REQUIRED	Effective Dates	08/19/2024-08/19/2024	Phone	
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Benefit Details

MEMBERS AGED 19 OR 20 WITH HCIP, ABP, FRAIL or IABP COVERAGE HAVE DENTAL COVERAGE. MEMBERS 21 AND OVER WITH HCIP, ABP, FRAIL OR IABP COVERAGE DO NOT HAVE DENTAL COVERAGE.

18-MCAID	Full Medicaid	261 GARLAND	08/19/2024	08/19/2024
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Copayments		Amount	Elig Effective Date	Elig End Date
18-MCAID	1 (Medical Care) 30 (Health Benefit Plan Coverage) 33 (Chiropractic) 35 (Dental Care) 47 (Hospital) 48 (Hospital - Inpatient) 50 (Hospital - Outpatient) 86 (Emergency) 88 (Pharmacy) 98 (Professional (Physician) Visit - Office) AL (Vision) AM (Vision Frames) MH (Mental Health) UC (Urgent Care)	\$0.00	08/19/2024	08/19/2024

For Dental and Vision providers, see the Copayments section to determine if a client may be eligible for dental (35) or vision (AL and AM) services.

Limit Details

Managed Care Assignment Details

Tier Level Details

Medicare/TPL

EPSDT Well Child Service Details

ARKIDS B Screening

Adult Dental Service

Demographic Details

Print Preview



For more information call 1-800-457-4454



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8b. Verification screen of limit details

Limit Details					
AR Medicaid currently displays the Max Limits that could apply depending on the Beneficiaries' Coverage. Please see Section I of the Provider Manual .					
NOTES:					
<ul style="list-style-type: none">The dental limit listed below DOES NOT guarantee a beneficiary has dental coverage. Please see the copayment section under benefit details for the beneficiary's coverage. 35 (Dental Care) indicates the beneficiary has dental coverage unless otherwise noted.The Limits listed MAY NOT be applicable for the Beneficiary for this Eligibility Request.The remaining amounts displayed may not include any recently submitted claims.The Limits listed DO NOT apply to Qualified Medicare Beneficiary (QMB) only beneficiaries.The Limits listed MAY NOT apply to ARHome beneficiaries enrolled in a Qualified Health Plan (QHP). Please confirm limits with the beneficiary's QHP.The Limits listed MAY NOT apply to ARHome beneficiaries enrolled in an Interim Alternative Benefit Plan (IABP).					
Dollar Limit	Limit	Remaining	Effective Date	End Date	Last Service
5106 LAB SERVICES LIMITED TO \$500 PER SFY	\$500.00	\$500.00	07/01/2024	08/29/2024	N/A
5107 RADIOLOGY/OTHER SERVICES LIMITED TO \$500 PER	\$500.00	\$500.00	07/01/2024	08/29/2024	N/A
6312 ADULT DENTAL SERVICES LIMITED TO \$500 PER SFY	\$500.00	\$500.00	07/01/2024	08/29/2024	N/A
Service Limit	Limit	Remaining	Effective Date	End Date	Last Service
5124 LIMIT 12 PROFESSIONAL OUTPATIENT HOSPITAL VIS	12	12	07/01/2024	08/29/2024	N/A
AM - FRAMES	1.00	1.00	08/30/2023	08/29/2024	N/A
AO - LENSES	2.00	2.00	08/30/2023	08/29/2024	N/A
6120 PERSONAL CARE SRVC-LIMIT 256 UNITS/CAL MNTH	256.00	256.00	08/01/2024	08/29/2024	N/A
6231 EYE EXAM LIMITED TO ONE PER 12 MONTHS	1.00	1.00	08/30/2023	08/29/2024	N/A
6232 EYEGLASS REPAIR LIMITED TO ONCE PER 12 MO	1	1	08/30/2023	08/29/2024	N/A
6313 ORTHODONTIC LIMITED TO 1 PER LIFETIME	1.0	1.0	07/15/1963	08/29/2024	N/A
6610 MAXIMUM OF 12 CHIROPRACTIC VISITS PER SFY	12.00	12.00	07/01/2024	08/29/2024	N/A
6732 MAX OF TWO CONSULTATIONS PER STATE FISCAL YEA	2.00	2.00	07/01/2024	08/29/2024	N/A
6890 16 PROVIDER VISITS PER SFY	16.00	16.00	07/01/2024	08/29/2024	N/A

8b



8c. Verification screen with Tier Level Details section expanded

Coverage Details for Beneficiary ID [redacted] from 1/1/2020 to 1/10/2020 ?

Verification Response ID [redacted]

Primary Care Provider

PCP Name [redacted] Effective Dates 01/01/2020-01/01/2020 Phone [redacted]

[Expand All](#) | [Collapse All](#)

Benefit Details [-]

Coverage	Description	County	Effective Date	End Date
25-MCAID	Full Medicaid	604 PULASKI	01/01/2020	01/10/2020

Copayments

	Amount
MCAID	
1 (Medical Care)	
30 (Health Benefit Plan Coverage)	
33 (Chiropractic)	
35 (Dental Care)	
47 (Hospital)	
48 (Hospital - Inpatient)	
50 (Hospital - Outpatient)	
86 (Emergency)	\$0.00
88 (Pharmacy)	
98 (Professional (Physician) Visit - Office)	
AL (Vision)	
MH (Mental Health)	
UC (Urgent Care)	

Limit Details +

Managed Care Assignment Details +

Tier Level Details [-]

Division	Tier Level	Assessment Date	Assessment End Date
N/A			

Medicare/TPL +

EPSDT Well Child Service Details +

ARKIDS B Screening +

Adult Dental Service +

Demographic Details +

[Print Preview](#)

[Other Insurance Detail Information](#)



8d. Verification screen with Medicare/TPL section expanded

Coverage Details for Beneficiary ID [REDACTED] - [REDACTED] from 1/1/2020 to 1/10/2020

Verification Response ID [REDACTED]

Primary Care Provider

PCP Name [REDACTED]

Effective Dates 01/01/2020-01/01/2020

Phone [REDACTED]

[Expand All](#) | [Collapse All](#)

Benefit Details

Coverage	Description	County	Effective Date	End Date
25-MCAID	Full Medicaid	604 PULASKI	01/01/2020	01/10/2020

Copayments

Amount

MCAID

1 (Medical Care)

30 (Health Benefit Plan Coverage)

33 (Chiropractic)

35 (Dental Care)

47 (Hospital)

48 (Hospital - Inpatient)

50 (Hospital - Outpatient)

86 (Emergency)

88 (Pharmacy)

98 (Professional (Physician) Visit - Office)

AL (Vision)

MH (Mental Health)

UC (Urgent Care)

\$0.00

Limit Details

Managed Care Assignment Details

Tier Level Details

Medicare/TPL

Carrier	Effective Date	End Date
Medicare A	N/A	N/A
Medicare B	N/A	N/A
Med A/Buyin	N/A	N/A
Med B/Buyin	N/A	N/A
[REDACTED]	01/01/2017	01/10/2020

EPSDT Well Child Service Details

ARKIDS B Screening

Adult Dental Service

Demographic Details

[Print Preview](#)

[Other Insurance Detail Information](#)

8d



8e. Verification screen with EPSDT section expanded

Coverage Details for Beneficiary ID [REDACTED] - [REDACTED] from 1/1/2020 to 1/10/2020

Verification Response ID [REDACTED]

Primary Care Provider

PCP Name [REDACTED] Effective Dates 01/01/2020-01/01/2020 Phone [REDACTED]

Expand All | Collapse All

Benefit Details

Coverage	Description	County	Effective Date	End Date
25-MCAID	Full Medicaid	604 PULASKI	01/01/2020	01/10/2020
Copayments		Amount		
MCAID	1 (Medical Care) 30 (Health Benefit Plan Coverage) 33 (Chiropractic) 35 (Dental Care) 47 (Hospital) 48 (Hospital - Inpatient) 50 (Hospital - Outpatient) 86 (Emergency) 88 (Pharmacy) 98 (Professional (Physician) Visit - Office) AL (Vision) MH (Mental Health) UC (Urgent Care)	\$0.00		

Limit Details

Managed Care Assignment Details

Tier Level Details

Medicare/TPL

EPSDT Well Child Service Details

Service	Last Exam	Next Exam
EPSDT Medical Screening	N/A	N/A
EPSDT Dental Screening	N/A	N/A
EPSDT Vision Screening	N/A	N/A
EPSDT Hearing Screening	N/A	N/A

ARKIDS B Screening

Adult Dental Service

Demographic Details

Print Preview

Other Insurance Detail Information

8e



8f. Verification screen with ARKids B section expanded

Coverage Details for Beneficiary ID [REDACTED] - [REDACTED] from 1/1/2020 to 1/10/2020

Verification Response ID [REDACTED]

Primary Care Provider

PCP Name [REDACTED]

Effective Dates 01/01/2020-01/01/2020

Phone [REDACTED]

[Expand All](#) | [Collapse All](#)

Benefit Details

Coverage	Description	County	Effective Date	End Date
25-MCAID	Full Medicaid	604 PULASKI	01/01/2020	01/10/2020

Copayments

Amount

MCAID

1 (Medical Care)
30 (Health Benefit Plan Coverage)
33 (Chiropractic)
35 (Dental Care)
47 (Hospital)
48 (Hospital - Inpatient)
50 (Hospital - Outpatient)
86 (Emergency)
88 (Pharmacy)
98 (Professional (Physician) Visit - Office)
AL (Vision)
MH (Mental Health)
UC (Urgent Care)

\$0.00

Limit Details

Managed Care Assignment Details

Tier Level Details

Medicare/TPL

EPSDT Well Child Service Details

ARKIDS B Screening

Service	Last Exam	Next Exam
ARKIDS B Medical Screening	N/A	N/A
ARKIDS B Dental Screening	N/A	N/A
ARKIDS B Vision Screening	N/A	N/A
ARKIDS B Hearing Screening	N/A	N/A

Adult Dental Service

Demographic Details

[Print Preview](#)

[Other Insurance Detail Information](#)

8f

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