

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

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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.

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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[Provider Manual](#)



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



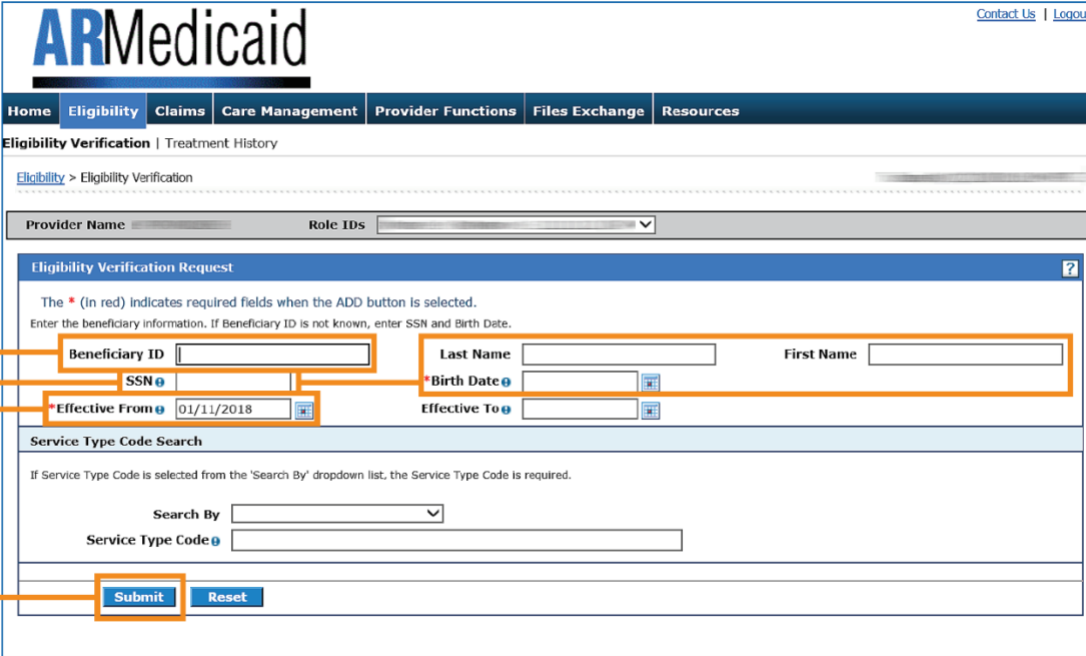
If **Beneficiary ID** is *known*:

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 website's '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. Below the navigation bar, there's a section for 'Eligibility Verification' with a breadcrumb trail 'Eligibility > Eligibility Verification'. The form contains several input fields: 'Beneficiary ID', 'SSN', 'Last Name', 'First Name', 'Birth Date', 'Effective From', and 'Effective To'. A red asterisk (*) indicates required fields. The 'Effective From' field is pre-filled with '01/11/2018'. Below these fields is a 'Service Type Code Search' section with a 'Search By' dropdown and a 'Service Type Code' input field. At the bottom of the form are 'Submit' and 'Reset' buttons. Numbered callouts (4, 5, 6, 7) point to the 'Beneficiary ID', 'SSN', 'Birth Date', and 'Submit' fields respectively.



8a. Initial view of verification screen.

Use the “+” sign to access additional information.

8a

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

Verification Response ID

Primary Care Provider

PCP Name Effective Dates 01/01/2020-01/01/2020 Phone

[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

Adult Dental Service

Demographic Details

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[Other Insurance Detail Information](#)



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HEALTHCARE PORTAL

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8b. Verification screen of limit details

Coverage Details for Beneficiary ID [REDACTED] - [REDACTED] from 8/22/2023 to 8/22/2023

Verification Response ID [REDACTED]

Primary Care Provider

PCP Name PCP NOT REQUIREDEffective Dates 08/22/2023-08/22/2023Phone [REDACTED]

Expand All | Collapse All

Benefit Details

Coverage	Description	County	Effective Date	End Date
40-MLTD	Long Term Care Disabled	604 PULASKI	08/22/2023	08/22/2023

Copayments	Amount	Elig Effective Date	Elig End Date
40-MLTD 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	08/22/2023	08/22/2023

Limit Details

The Dollar Limits and Service Limits may not reflect recent claims. The remaining service limit balance is contingent upon verifying that the benefit plan allows for the usage of any remaining balances.

Dollar Limit	Limit	Remaining	Effective Date	End Date	Last Service
5106 LAB SERVICES LIMITED TO \$500 PER SFY	\$500.00	\$500.00	07/01/2023	08/22/2023	N/A
5107 RADIOLOGY/OTHER SERVICES LIMITED TO \$500 PER	\$500.00	\$500.00	07/01/2023	08/22/2023	N/A
6312 ADULT DENTAL SERVICES LIMITED TO \$500 PER SFY	\$500.00	\$500.00	07/01/2023	08/22/2023	N/A
Service Limit	Limit	Remaining	Effective Date	End Date	Last Service
5124 LIMIT 12 PROFESSIONAL OUTPATIENT HOSPITAL VIS	12	12	07/01/2023	08/22/2023	N/A
AM - FRAMES	1.00	1.00	08/23/2022	08/22/2023	N/A
AO - LENSES	2.00	2.00	08/23/2022	08/22/2023	N/A
6120 PERSONAL CARE SRVC-LIMIT 256 UNITS/CAL MNTH	256.00	256.00	08/01/2023	08/22/2023	N/A
6231 EYE EXAM LIMITED TO ONE PER 12 MONTHS	1.00	1.00	08/23/2022	08/22/2023	N/A
6232 EYEGLASS REPAIR LIMITED TO ONCE PER 12 MO	1	1	08/23/2022	08/22/2023	N/A
6313 ORTHODONTIC LIMITED TO 1 PER LIFETIME	1.0	1.0	07/15/1963	08/22/2023	N/A
6610 MAXIMUM OF 12 CHIROPRACTIC VISITS PER SFY	12.00	12.00	07/01/2023	08/22/2023	N/A
6732 MAX OF TWO CONSULTATIONS PER STATE FISCAL YEA	2.00	2.00	07/01/2023	08/22/2023	N/A
6890 16 PROVIDER VISITS PER SFY	16.00	16.00	07/01/2023	08/22/2023	N/A

Managed Care Assignment Details

Tier Level Details

Living Arrangement Details

Medicare/TPL

EPSDT Well Child Service Details

ARKIDS B Screening

Adult Dental Service

Demographic Details

8b



For more information call 1-800-457-4454





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HEALTHCARE PORTAL

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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)
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

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

8c



For more information call 1-800-457-4454





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

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)	

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
	01/01/2017	01/10/2020

EBSDT-Well Child Service Details

ARKIDS B Screening

Adult Dental Service

Demographic Details

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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

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HEALTHCARE PORTAL

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8f. Verification screen with ARKids B 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)	
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

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For more information call 1-800-457-4454

