



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

Home Tuesday 08/02/2016 10:30 AM CST

Login

*User ID

Log In

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[Register Now](#)
[Where do I enter my password?](#)

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Always log off and close all of your browser windows

Would you like to enroll as a Provider or a Trading Partner?

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DHS-703 form

[Fill out Medical Eligibility Application](#)
[Check Status of Medical Eligibility](#)

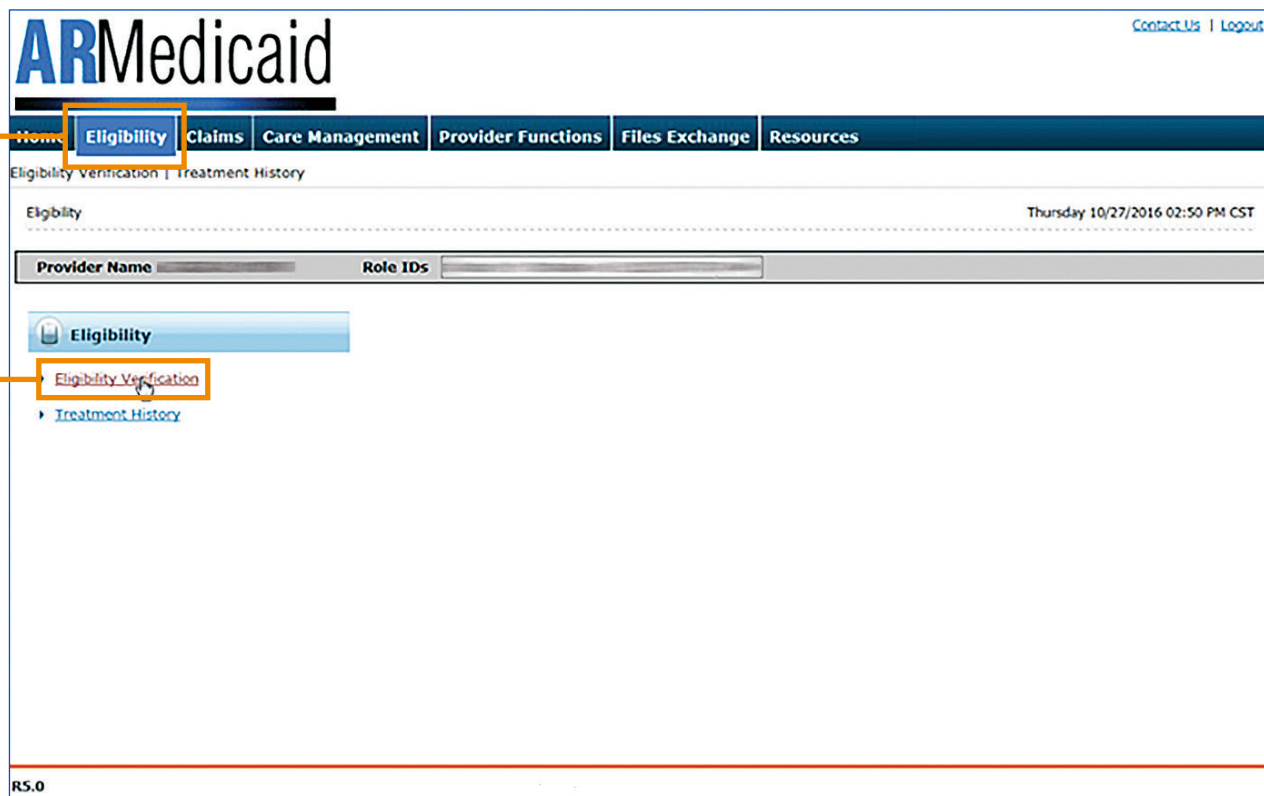
What can you do in the Provider Portal

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.

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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 with an orange box and a callout '2'. Below the navigation bar, the page title is 'Eligibility Verification | Treatment History'. The main content area has a header 'Eligibility' with the date 'Thursday 10/27/2016 02:50 PM CST'. Below this is a form with fields for 'Provider Name' and 'Role IDs'. A sidebar on the left contains a tree view with 'Eligibility' and 'Eligibility Verification' (highlighted with an orange box and a callout '3'). Below 'Eligibility Verification' is a link for 'Treatment History'. The footer of the page shows 'RS.0'.

If **Beneficiary ID** is known:

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

Note: The “Effective From” and “Effective To” dates indicate the specific date of service in question. Please remember to verify eligibility on the actual date of service.

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 current page is "Eligibility Verification" under "Treatment History".

Callout 4 points to the "Beneficiary ID" field. Callout 5 points to the "SSN" field. Callout 6 points to the "Effective From" field. Callout 7 points to the "Submit" button.

The form includes the following fields and sections:

- Provider Name** and **Role IDs** (dropdown menu)
- Eligibility Verification Request** section with a help icon (?)
- Instructions:** The * (in red) indicates required fields when the ADD button is selected. Enter the beneficiary information. If Beneficiary ID is not known, enter SSN and Birth Date.
- Fields:** Beneficiary ID, Last Name, First Name, SSN, *Birth Date, *Effective From (pre-filled with 01/11/2018), and Effective To.
- Service Type Code Search** section with a dropdown for "Search By" and a text field for "Service Type Code".
- Buttons:** Submit and Reset.

***Use the “+” sign to access additional information**

8a. Verification screen of Benefit Details

1. Review the Benefit Details panel of the eligibility verification for the beneficiary.
2. Dental coverage can be identified by the dental (35) services listed under the “Benefit Details” panel in the “Copayments” section.
3. Some benefit plans have eligibility limits (e.g., dental benefits are available only for certain age groups.) Check the limits for the beneficiary’s benefit plan on the [Client Aid Category list](#). The State Aid Category number and benefit plan are in the first two columns. Eligibility limits are noted in the “Dental Coverage Notes” column.
4. Adult beneficiaries have no copay obligations for dental services. ARKids B beneficiaries are the only children who are required to pay a copay for dental visits. ARKids B beneficiaries pay \$10 per visit for routine dental care and orthodontia services. (See Section 221.100 of the ARKid B Provider Manual.)

Coverage Details for Beneficiary ID 4563217101 - PATTI PUFF from 9/4/2024 to 9/4/2024

Verification Response ID 2424800009

Primary Care Provider

PCP Name	PCP NOT REQUIRED	Effective Dates	09/04/2024-09/04/2024	Phone	
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Expand All | Collapse All

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.

Coverage	Description	County	Effective Date	End Date
40-MLTD	Long Term Care Disabled	604 PULASKI	09/04/2024	09/04/2024
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	09/04/2024	09/04/2024

For Dental providers, see the *Copayments* section to determine if a client may be eligible for dental (35) services.

Important!

MEMBERS AGED 19 OR 20 with the following plans have Dental coverage:

- HCIP (Health Care Independence)
- ABP (Alternative Benefit Plan)
- FRAIL (Full Medicaid for Medically Frail)
- IABP (Interim Alternative Benefit Plan)

MEMBERS 21 AND OVER WITH HCIP, ABP, OR IABP COVERAGE **DO NOT** HAVE DENTAL COVERAGE.



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	02/14/2025	N/A
5107 RADIOLOGY/OTHER SERVICES LIMITED TO \$500 PER	\$500.00	\$500.00	07/01/2024	02/14/2025	N/A
6312 ADULT DENTAL SERVICES LIMITED TO \$500 PER SFY	\$500.00	\$500.00	07/01/2024	02/14/2025	N/A
Service Limit	Limit	Remaining	Effective Date	End Date	Last Service
5124 LIMIT 12 PROFESSIONAL OUTPATIENT HOSPITAL VIS	12	12	07/01/2024	02/14/2025	N/A
AM - FRAMES	1.00	1.00	02/15/2024	02/14/2025	N/A
AO - LENSES	2.00	2.00	02/15/2024	02/14/2025	N/A
6120 PERSONAL CARE SRVC-LIMIT 256 UNITS/CAL MNTH	256.00	256.00	02/01/2025	02/14/2025	N/A
6231 EYE EXAM LIMITED TO ONE PER 12 MONTHS	1.00	1.00	02/15/2024	02/14/2025	N/A
6232 EYEGLASS REPAIR LIMITED TO ONCE PER 12 MO	1	1	02/15/2024	02/14/2025	N/A
6313 ORTHODONTIC LIMITED TO 1 PER LIFETIME	1.0	1.0	10/01/1946	02/14/2025	N/A
6610 MAXIMUM OF 12 CHIROPRACTIC VISITS PER SFY	12.00	12.00	07/01/2024	02/14/2025	N/A
6732 MAX OF TWO CONSULTATIONS PER STATE FISCAL YEA	2.00	2.00	07/01/2024	02/14/2025	N/A
6890 16 PROVIDER VISITS PER SFY	16.00	16.00	07/01/2024	02/14/2025	N/A

Important!

- The dental limit listed **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.

8c. Verification screen with the Managed Care section expanded

8c

Managed Care Assignment Details			
Plan	Effective Dates	Provider Name	Provider Phone
Non Emergency Transportation	01/01/2024-12/31/2024	VERIDA, INC.	1-501-954-8900
ARHOME Plan	01/01/2024-12/31/2024	QUALCHOICE LIFE AND HEALTH INSURA	1-877-617-0390
PCP NOT REQUIRED	09/05/2024-09/05/2024		

The Managed Care Assignment Panel details the following information:

- The Primary Care Physician (PCP) of the beneficiary
- NET (Transportation) plan of the beneficiary
- PASSE plan assigned to the beneficiary
- ARHOME Qualified Health Plan assigned to the beneficiary (if the beneficiary has the HCIP benefit plan)
- PCP
 - * Referrals are not required for dental services
- NET
 - * Beneficiaries can utilize NET (Non-Emergency Transportation) to arrange trips to and from appointments.

Note for Oral Surgeons: Some beneficiaries eligible for dental services may receive their medical coverage through a Qualified Health Plan or a PASSE. These beneficiaries have either an [ARHOME Plan](#) or a [PASSE Plan](#) listed in the Managed Care section of the eligibility verification screen. Please contact the plan listed to determine whether a particular medical service is covered by the QHP/PASSE. DHS is developing guidance for oral surgeons to determine when a service is covered by/should be billed to a QHP, PASSE or Medicaid fee for service.



8d. Verification screen with Medicare/TPL section expanded

8d

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	

8e. Verification screen with EPSDT section expanded

8e

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	

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. ARKids First-B beneficiaries are not entitled to the same benefits as children under the Arkansas Medicaid Child Health Services (EPSDT) Program and may not be billed as an EPSDT screen.

Refer to Section II of the [EPSDT manual](#) for additional information regarding dental screenings for ARKids B beneficiaries.

8f. Verification screen with ARKids B section expanded

8f

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	

Refer to Section II of the [ARKids B manual](#) for additional information regarding EPSDT dental screening.



8g. Verification screen with Adult Dental Services expanded

Adult Dental Service	
Service	Last Date of Service
Panoramic/Full mouth X-ray - D0330	N/A
Panoramic/Full mouth X-ray - D0210	N/A
Bite Wings - D0272	N/A
Prophylaxis/Fluoride - D1110	N/A
Prophylaxis/Fluoride - D1120	N/A
Prophylaxis/Fluoride - D1206	N/A
Prophylaxis/Fluoride - D1208	N/A
Limited ER/Oral Evaluation/Problem Focused - D0140	N/A
Intraoral Periapical First Radiographic Image - D0220	N/A
Intraoral Periapical Each Additional Radiographic Image - D0230	N/A
Intraoral-Occlusal Radiographic Image - D0240	N/A
Extraoral First Radiographic Image - D0250	N/A
Sealant - D1351 Tooth 1	N/A
Sealant - D1351 Tooth 2	N/A
Sealant - D1351 Tooth 3	N/A
Sealant - D1351 Tooth 14	N/A
Sealant - D1351 Tooth 15	N/A
Sealant - D1351 Tooth 18	N/A
Sealant - D1351 Tooth 19	N/A
Sealant - D1351 Tooth 30	N/A
Sealant - D1351 Tooth 31	N/A

The Adult Dental service panel displays the most recent date that the various codes/services were rendered. To verify previous use of a particular procedure code not listed under the Adult Dental Service Panel, see the [Treatment History](#) section under the Eligibility tab.

Dentist: You can refer to the Arkansas Medicaid Dental Fee Schedule for a list of covered services and the Dental Procedure Code Table for special billing instructions.

Link to fee schedule:

<https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/fee-schedules/>

Link to procedure code tables:

<https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/proc-codes/>