


Enter your User ID and click "Log In".



The screenshot shows the ARMedicaid home page. At the top right, there are links for "Contact Us", "Login", "Español", and "Other". Below the header is a "Home" navigation bar. The main content area is divided into several sections. On the left, there is a "Login" box with a "User ID" input field and a "Log In" button. Below this are links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". Further down, there is a "Protect Your Privacy!" section, a "Would you like to enroll as a Provider or a Trading Partner?" section with links for "Provider" and "Trading Partner", and a "Looking for a Doctor or Hospital near you?" section with a "Search Providers" link. At the bottom left, there is a "DHS-703 form" link. On the right side, there is a "What can you do in the Provider Portal" section with a brief description and a "Log In" button. Below this is a large image of a doctor and a patient. At the bottom right, there are three buttons: "FAQs", "Links and Tools", and "Learn More About".

Enter Challenge Answer and click "Continue".



The screenshot shows the ARMedicaid challenge question page. At the top right, there are links for "Contact Us" and "Login". Below the header is a "Home" navigation bar. The main content area is divided into several sections. On the left, there is a "Computer and Challenge Question" section with a "Site Key" sub-section. The "Site Key" section contains text explaining the purpose of the site key and how to register it. On the right, there is a "Challenge Question" section with a "Challenge Question" input field and a "Your Answer" input field. Below the "Your Answer" field is a "Forgot answer to challenge question?" link. Further down, there is a "Select" section with two radio buttons: "This is a personal computer. Register it now." and "This is a public computer. Do not register it." Below the "Select" section is a "Continue" button. At the bottom center, there is a "Privacy Notice" link.

Enter Password and click "Sign In".

The screenshot shows the ARMedicaid login page. At the top, there is a navigation bar with 'Home' and 'Challenge Question > Site Token Password'. The main heading is 'Confirm Site Key Token and Passphrase'. Below this, there is a text box explaining that the user must confirm their site key token and passphrase. To the right, a message says 'Make sure your site key token and passphrase are correct.' and provides instructions on what to do if the information is incorrect. The form includes a 'Site Key' field with a red apple icon, a 'Passphrase' field with the value 'Apple', and a 'Password' field which is highlighted with a yellow box. Below the password field are 'Sign In' and 'Forgot Password?' buttons. A 'Privacy Notice' link is at the bottom.

Click the "Eligibility" tab

The screenshot shows the ARMedicaid user dashboard. The 'Eligibility' tab is highlighted in the top navigation bar. The dashboard includes a 'Welcome Health Care Professional!' message, a 'User Details' section with 'Welcome' and 'My Profile' links, a 'Provider' section with 'Name' and 'Provider ID' fields, and a 'Provider Services' section with a 'Search Payment History' link. There is also a 'Contact Us' and 'Secure Correspondence' section. A 'Privacy Notice' link is at the bottom.

Enter Beneficiary ID, Date of Birth & Click "Submit"

The screenshot shows the ARMedicaid Eligibility Verification page. The 'Eligibility' tab is highlighted. The page title is 'Eligibility Verification | Treatment History'. The main heading is 'Eligibility Verification Request'. Below this, there is a text box explaining that red asterisks indicate required fields. The form includes fields for 'Beneficiary ID', 'Last Name', 'First Name', 'SSN', 'Birth Date', 'Effective From', and 'Effective To'. There is a 'Service Type Code Search' section with a 'Search By' dropdown and a 'Service Type Code' input field. Below the search section are 'Submit' and 'Reset' buttons. At the bottom, there is a 'Coverage Details for Beneficiary ID' section with a 'Verification Response ID' field and a table for 'Primary Care Provider' with columns for 'PCP Name', 'Effective Dates', and 'Phone'.

Coverage Details for Beneficiary ID [REDACTED]

Verification Response ID 1902900004

Primary Care Provider			
PCP Name	PCP NOT REQUIRED	Effective Dates	01/29/2019-01/29/2019
Phone	-		

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

Benefit Details				
Coverage	Description	County	Effective Date	End Date
45-SSICH	Medicaid thru Supplemental Security Income-Child	651 SEBASTIAN	01/29/2019	01/29/2019
Copayments		Amount		
SSICH	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						
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	
5105 OUTPT/POD LAB X-RAY SERV LIMITED TO \$500 PER	\$500.00	\$500.00	07/01/2018	01/29/2019	N/A	
6312 ADULT DENTAL SERVICES LIMITED TO \$500 PER SFY	\$500.00	\$500.00	07/01/2018	01/29/2019	N/A	
Service Limit	Limit	Remaining	Effective Date	End Date	Last Service	
6732 MAX OF TWO CONSULTATIONS PER STATE FISCAL YEA	2.00	2.00	07/01/2018	01/29/2019	N/A	

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	
5105 OUTPT/POD LAB X-RAY SERV LIMITED TO \$500 PER	\$500.00	\$500.00	07/01/2018	01/29/2019	N/A	
6312 ADULT DENTAL SERVICES LIMITED TO \$500 PER SFY	\$500.00	\$500.00	07/01/2018	01/29/2019	N/A	
Service Limit	Limit	Remaining	Effective Date	End Date	Last Service	
6732 MAX OF TWO CONSULTATIONS PER STATE FISCAL YEA	2.00	2.00	07/01/2018	01/29/2019	N/A	
5124 LIMIT 12 PROFESSIONAL OUTPATIENT HOSPITAL VIS	12	12	07/01/2018	01/29/2019	N/A	
AM - FRAMES	1.00	1.00	01/30/2018	01/29/2019	N/A	
6231 EYE EXAM LIMITED TO ONE PER 12 MONTHS	1.00	1.00	01/30/2018	01/29/2019	N/A	
6232 EYEGLASS REPAIR LIMITED TO ONCE PER 12 MO	1	1	01/30/2018	01/29/2019	N/A	
AO - LENSES	1.00	1.00	01/30/2018	01/29/2019	N/A	
6313 ORTHODONTIC LIMITED TO 1 PER LIFETIME	1.0	1.0	09/22/2002	01/29/2019	N/A	
6610 MAXIMUM OF 12 CHIROPRACTIC VISITS PER SFY	12.00	12.00	07/01/2018	01/29/2019	N/A	
6892 12 PHYSICIAN VISITS ALLOWED PER STATE FISCAL	12.00	12.00	07/01/2018	01/29/2019	N/A	

Managed Care Assignment Details			
Plan	Effective Dates	Provider Name	Provider Phone
PASSE Managed Care	01/29/2019-01/29/2019	EMPOWER HEALTHCARE SOLUTIONS LLC	1-999-999-9999
Non Emergency Transportation	01/01/2019-01/29/2019	SOUTHEASTRANS INC	1-501-954-8900
Dental Managed Care Assignment Plan	01/01/2019-01/29/2019	MUNA INSURANCE COMPANY	1-888-123-1234
PCP NOT REQUIRED	01/29/2019-01/29/2019		

Tier Level Details		
Division	Tier Level	Assessment Date
N/A		

Medicare/TPL

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/Buyn	N/A	N/A
Med B/Buyn	N/A	N/A

EPSDT Well Child Service Details

Service	Last Exam	Next Exam
EPSDT Medical Screening - 99394 EP	01/11/2018	09/18/2018
EPSDT Dental Screening - D0120	07/09/2018	01/09/2019
EPSDT Vision Screening	N/A	N/A
EPSDT Hearing Screening	N/A	N/A

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

Service	Last Date of Service
Panoramic/Full mouth X-ray - D0330	N/A
Panoramic/Full mouth X-ray - D0210	N/A

Prophylaxis/Fluoride - D1208	07/09/2018
Limited ER/Oral Evaluation/Problem Focused - D0140	N/A
Intraoral Periapical First Radiographic Imagine - D0220	N/A
Intraoral Periapical Each Additional Radiographic Imagine - D0230	N/A
Intraoral-Occlusal Radiographic Imagine - D0240	N/A
Extraoral First Radiographic Imagine - 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

Demographic Details

Street Address [REDACTED]

City [REDACTED] State ARKANSAS Zip Code [REDACTED]

Gender [REDACTED]

[Print Preview](#)

[Other Insurance Detail Information](#)