ARMedicaid HEALTHCARE PORTAL

QUICK TRAINING GUIDE
How to Determine Benefit Plan Coverage

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Eligibility can be checked at any time to determine eligibility coverage for a Medicaid Client, also known as a Beneficiary.

The Medicaid Healthcare Portal is the easiest and fastest way to verify eligibility. See link below.

There are Four Easy Steps on how to use the Aid Category to Benefit Plan Crosswalk:

1. Check eligibility for the beneficiary.

   Navigate to the Healthcare Portal.

2. Review the **benefit plan panel** of the eligibility strip for the beneficiary.

Benefit Details

Coverage	Description	County	Effective Date	End Date
25-MCAID	Full Medicaid	604 PULASKI	04/04/2023	04/04/2023

3. Find the beneficiary's **benefit plan** on the Client Aid Category list. Find the **aid category** number that is associated with the benefit plan.

Some categories provide a full range of benefits while others may offer limited benefits or may require cost sharing by a beneficiary. The following codes describe each level of coverage.

FR	full range
LB	limited benefits
AC	additional cost sharing
MNLB	medically needy limited benefits
QHP/IABP/MF	Qualified Health Plan/awaiting QHP assignment/medically frail

Category	Category Name	Description	Code
01	ARKIDS B	CHIP Separate Child Health Program	LB, AC
06	ARHOME	New Adult Expansion Group	QHP, AC IABP, AC MF, FR
10	WD	Workers with Disabilities	FR, AC
11	Assisted Individual - Aged	Assisted Living Facility- Individual is >= 65 years old	FR
11	ARChoices - Aged	ARChoices waiver -Individual is >= 65 years old	FR
13	SSI Aged Individual	SSI Medicaid	FR
14	SSI Aged Spouse	SSI Medicaid	FR
15	PACE	Program of All-Inclusive Care for the Elderly (PACE)	FR

4. If the benefit plan is a **limited or has additional cost sharing requirements**, refer to **Section 124.100 – 124.230** of the Provider Manual