

Prior Quarter Coverage

Coverage

In accordance with 42 CFR 435.914 prior quarter means:

(a) The agency must make eligibility for Medicaid effective no later than the third month before the month of application if the individual—

(1) Received Medicaid services, at any time during that period, of a type covered under the plan; and

(2) Would have been eligible for Medicaid at the time they received the services if they had applied (or someone had applied for him), regardless of whether the individual is alive when application for Medicaid is made.

(b) The agency may make eligibility for Medicaid effective on the first day of a month if an individual was eligible at any time during that month.

(c) The State plan must specify the date on which eligibility will be made effective

Example: Applicant applied April 15 and determined eligible retro to April 1. Under prior quarter coverage, the Agency would evaluate the member's eligibility for Medicaid during any one of the 3 months preceeding April 1, if the applicant notified AHCCCS of receipt of services.

Eligible Populations

- Title XIX
- SLMB
- QI1 (coverage would only be within the calendar year)
- FES

Coverage will not be made retroactive prior to January 1, 2014

Provider Reimbursement

- Claims will be processed through Fee for Service
- Eligible for behavioral health services
- Eligible for CRS services
- Eligible for DD services
- Providers will need to bill AHCCCS directly, if members have paid providers, the provider will need to reimburse the member and bill AHCCCS