
# CLAIMS CLUES

A Publication of the AHCCCS Claims Department

**OCTOBER 2013**

## PAYMENT ERROR RATE MEASUREMENT (PERM)

PERM will be starting soon. AHCCCS is required to submit the first claims universe by January 15, 2014. This universe will include all claims submitted to AHCCCS from October 1, 2013 through December 31, 2013. From the universe, a contractor will select a random sample to review. When AHCCCS receives the sample from the contractor we will send you a letter indicating that you have a claim(s) that have been sampled for review. We will not be able to tell you which claim (s) were selected. Once the Review Contractor has received the sample (mid to late 2014) they will be requesting medical records and documentation that support the claim to review. You **must** provide this documentation to the Review Contractor, A+ Government Solutions, even if you provided it to AHCCCS with your claim. Failure to provide the documentation will result in the claim being cited as an error and AHCCCS recovering the funds that were paid to you. **AHCCCS is mandated by CMS to recover the funds.** Please make sure you have provided AHCCCS with your current correspondence, payment and service addresses so that the Review Contractor can contact you.

***For more information regarding PERM contact:***

Kim Sanchez, PERM Project Manager (602) 417-4563
Evie Grunwald, Claims Policy and Audit Manager (602) 417-4114
Carol Nilson, Medical Review Manager (602) 417-4505

# PRIOR QUARTER COVERAGE ELIGIBILITY

Beginning **January 1, 2014**, AHCCCS will be required to expand the time period AHCCCS pays for covered services for an eligible individual, to include the three months prior to the month the individual applied for AHCCCS, if the individual met AHCCCS eligibility requirements during the month in which the Medicaid covered service was provided. Currently, AHCCCS is only responsible for covered services received by the individual from the eligible individual's effective date of eligibility for AHCCCS which in most cases is the first day of the month of application.

Federal requirements provide that an applicant may be eligible for covered services during any of the three months prior to the application date if the applicant:

1. Received one or more AHCCCS covered services during the month and
2. Would have qualified for AHCCCS at the time services were received if the person had applied for AHCCCS.

If the applicant is determined to qualify for AHCCCS during any one or more of the three months prior to the month of application, then the individual will be determined to have "Prior Quarter Coverage" eligibility during those months. As a result, AHCCCS will pay for AHCCCS covered services provided during those months.

As stated above, Prior Quarter Coverage eligibility will begin January 1, 2014 which means that individuals applying for AHCCCS in February 2014 may be determined to qualify for prior quarter coverage during the month of January 2014. Persons applying in March may qualify for prior quarter coverage in January and February whereas persons who apply on or after April 1, 2014 may qualify for prior quarter coverage for up to the full 3 months prior to the month of application. AHCCCS will not institute prior quarter coverage eligibility before January 1, 2014.

The AHCCCS Administration will determine whether or not an applicant meets prior quarter coverage criteria. If so, providers will be required to bill the AHCCCS Administration for services provided during a prior quarter eligibility period upon verification of eligibility or upon notification from the member of prior quarter coverage eligibility. Upon notification of prior quarter coverage eligibility, **the provider *must* promptly refund to the member** any payments that have been received for services in an approved prior quarter period and must accept payment by the Administration as payment in full. For covered services received during the prior quarter which have not yet been reimbursed or billed the provider must submit a claim to the AHCCCS Administration. AHCCCS Managed Care Contractors **are not** responsible for determining prior quarter coverage or for payment for covered services received during the prior quarter. Claims submitted to AHCCCS Managed Care Contractors for prior quarter coverage will be denied.

Providers may submit prior quarter coverage claims for payment to AHCCCS in one of the following ways: the HIPAA compliant 837 transaction, through the AHCCCS on-line claim submission process, or by submitting a paper claim form. Billing requirements can be found at: http://www.azahcccs.gov/commercial/ProviderBilling/manuals/FFSProviderManual.aspx.

Matters involving a provider's failure to reimburse a member for any payments made by the member during a prior quarter eligibility time period will be referred to the AHCCCS Office of Inspector General for investigation and action.

For more information regarding prior quarter coverage eligibility, please visit our website at: http://www.azahcccs.gov/commercial/PriorQuarterCoverage.aspx.

You will find the proposed rules at the following link http://www.azahcccs.gov/reporting/state/proposedrules.aspx#PQE.

If you have any questions regarding prior period coverage eligibility or the process for submitting prior quarter coverage claims, please contact 602-417-7600 option 4.

## REMINDERS FROM THE UM/CM UNIT'S PRIOR AUTHORIZATION UNIT

**Authorization Status**:

Please use the online system to check the status of your authorization requests. You can check authorization status by using the following link: https://azweb.statemedicaid.us/Home.asp

Providers are strongly encouraged to use the online system when requesting authorizations. Provisional authorization numbers are given at the time of online authorization entry and are then reviewed by Prior Authorization staff.

**Member Referrals for Specialty Care**:

If your office is referring a member out of area for specialty services, please be sure to inquire to see if the member has personal transportation to and from their appointments. Though FFS members can receive services from any registered provider, transport will only be covered to the nearest appropriate facility when AHCCCS is covering the cost of the transport.

99601 and 99602 – Are codes indicated for the home infusion/administration of "specialty drugs" and should not be used to bill for enteral nutrition administration.

Please fax in MD authorization requests with supporting documentation for review prior to scheduled procedures. You can fax in the documentation using the FFS Prior Authorization Request Form.

**Transportation**:

Odometer readings must support your billed mileage. If the odometer readings indicate more or less mileage than what was billed reimbursed monies are subject to recoupment.

If the mileage is greater or less on one leg of a roundtrip transport than on another, you must submit documentation with your claim to explain the difference in mileage.

Please allow up to 72hrs turnaround time for processing of transportation authorization requests. Please use the online system to check auth status.

Please check authorization status online. See the following link:
https://azweb.statemedicaid.us/Home.asp

**Timeliness of Transport Authorization Requests**:

Authorization requests should be submitted on or before the date of the NEMT service. Authorization requests can be faxed, or entered using the AHCCCS website 24 hours a day, 7 days a week including weekends and holidays. Authorization requests received after the date of service, even if the date of service falls on a holiday or weekend, will be considered to be untimely.