

Prior *Period* Coverage and Prior *Quarter* Coverage

Prior Period Coverage (also referred to as PPC)

AHCCCS provides Prior Period Coverage for the period of time prior to the Title XIX member's enrollment with the Contractor during which time the member is eligible for covered services. Prior Period Coverage refers to the time frame from the effective date of AHCCCS eligibility (usually the first day of the month of application) until the date the member is enrolled with the Contractor. Once AHCCCS eligibility is approved, the Contractor receives notification from AHCCCS of the member's enrollment. Irrespective of the date of the member's enrollment with the Contractor, the Contractor is responsible for payment of all claims for medically necessary covered services, including behavioral health services and services provided by the Integrated RBHA, received during Prior Period Coverage. Contractors receive a Prior Period Coverage capitation for the cost of Prior Period Coverage.

Services received during Prior Period Coverage are paid by the Contractor. As mentioned above, the time period for Prior Period Coverage is from the effective date of AHCCCS eligibility until the date of enrollment with the Contractor. For example, a member submits an AHCCCS application on April 15th, but the application is not approved for eligibility until sometime in May. The date the member is enrolled with the Contractor is shortly after the date of the eligibility determination approving AHCCCS coverage. The member's AHCCCS eligibility is retroactive to the first day of the month of application even though enrollment with the contractor occurs at a later date. In this example, let's use May 10th as the date the member is enrolled with the Contractor; the member's AHCCCS eligibility is effective beginning April 1st. The Contractor is responsible for payment of AHCCCS medically necessary covered services retroactive to April 1st. However, the Prior Period Coverage time period is April 1st through May 9th (see figure below).

Prior Quarter Coverage (also referred to as PQC)

Prior Quarter Coverage is a different time period from Prior Period Coverage and refers to the timeframe PRIOR to an individual's month of **application** for AHCCCS coverage. The dates of eligibility for Prior Period Coverage and Prior Quarter Coverage do NOT overlap. Prior Quarter Coverage is limited to the 3 month time period prior to the month of application. AHCCCS will begin Prior Quarter Coverage on January 1st, 2014.

If a member is determined to qualify for Prior Quarter Coverage, then the AHCCCS Administration (not the Contractor) will provide reimbursement for AHCCCS covered services for up to 3 months PRIOR to the month of application, if the member received AHCCCS covered services during the Prior Quarter Coverage timeframe. Prior Quarter Coverage is limited to the 3 month time period PRIOR to the month of application for any/all of the 3 months in which all AHCCCS eligibility criteria are met and the member has received a Medicaid covered service. The date of enrollment is not a consideration under Prior Quarter Coverage. Under Prior Quarter Coverage, reimbursement of all claims (acute, ALTCS, behavioral health, pharmacy etc.) will be managed through AHCCCS Fee for Service (FFS). Contractors are NOT involved in paying Prior Quarter Coverage claims.

In using the example above, the member's effective date of eligibility is April 1st.

At the time of eligibility, the member will also be evaluated to see if s/he were Medicaid eligible for the 3 months prior to April: January, February, and March. If the member received AHCCCS covered services during any of the Prior Quarter Coverage months and would have qualified for AHCCCS at the

time those services were received, then AHCCCS will reimburse the provider for those services. The Contractor is not responsible for payment of Prior Quarter Coverage services.

