



AHCCCS

CLAIMS CLUES

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PERM 2014 CYCLE

The new PERM cycle has begun. AHCCCS, DES/DDD and DES/CMDP will submit their universe for the first quarter's claims by January 15th 2014. They are required to submit all claims paid from October 1, 2013 through December 31, 2013, and will do the same for each consecutive quarter throughout the 2014 federal fiscal year. From the universe a sample of claims will be selected for review. There are two aspects to the review. The first, the claims review, is where the claim is reviewed to ensure that the payment made to satisfy the claim was paid according to agency and state policies. The second, the medical review, is where medical documentation is requested from the provider to support payment of the claim. They will review the claims submission for the date of service, type of service, claim coding, number of units etc., if applicable, to determine whether the documentation supports the claim as it was paid.

For questions regarding PERM, please contact:

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NEMT TRIP REPORT REVISED

The AHCCCS Non-emergency Medical Transportation (NEMT) trip report has been revised to add a field for the recipient's Date of Birth. This revised trip report has been published in both the FFS and IHS/638 Provider Billing Manuals as of 11/5/2013. AHCCCS will accept submission of either format until Date of Service **02/01/2014**. From this service date forward, AHCCCS will only accept submission of the revised NEMT trip report.

AHCCCS PROVIDER PARTICIPATION TO BE TERMINATED FOR INACTIVITY

An AHCCCS provider's participation in the AHCCCS program may be terminated for any of several reasons, including inactivity. Provider participation may be terminated if the provider does not submit a claim to the AHCCCS Administration or one of the AHCCCS-contracted health plans or program contractors within the past 24 months. If AHCCCS has not received a claim or an encounter for the past 24 months, these providers will be terminated **effective January 2014**.

A new registration packet will be required to reactivate providers who reapply following termination for inactivity.

Providers should refer to Chapter 3 of the AHCCCS Fee-for-Service Provider Manual for information on provider participation.

MEDICARE LIABILITY

As a Medicare provider, a provider must accept the Medicare allowable as total compensation for services rendered. AHCCCS will reimburse up to the Medicare deductible, coinsurance, or co-pay for services rendered to recipients with Medicare coverage, including recipients enrolled with a Medicare HMO. Contact the Medicare HMO for information regarding covered services and prior authorization.

Services that are not Medicare-covered services but are AHCCCS-covered services (e.g., non-emergency transportation) may be reimbursed by AHCCCS if they are medically necessary and meet AHCCCS reimbursement requirements. However, Medicare-covered services that are disallowed by Medicare because they were not medically necessary or were not delivered in an appropriate setting will not be reimbursed by AHCCCS.