

CHAPTER 25 ELIGIBILITY VERIFICATION

REVISION DATE: 8/28/2024, 1/16/2019, 6/17/2016, 4/16/2014

REVIEW DATE: 10/18/2023

EFFECTIVE DATE: March 29, 2013

PURPOSE

The purpose of this policy is to provide information to Qualified Vendors, Independent Providers, and parties interested in providing services to Division Members on how to verify when an individual has been enrolled with AHCCCS and what AHCCCS contracted Health Plan the member was assigned at the time the service was or will be provided to the member.

Verification of Eligibility

AHCCCS Online for Health Plans and Providers: All registered AHCCCS providers are eligible to create an account at:

<https://www.azahcccs.gov/PlansProviders/CurrentProviders/AHCCCSonline.html>

Providers may verify eligibility by calling the Division's Customer Service Center at 844-770-9500.

Prior Period Coverage

1. The Division shall provide Prior Period Coverage for the period of time prior to the Title XIX (Medicaid) member's enrollment with the Division during which time the member is eligible for covered services.
2. The Division, irrespective of the date of the member's enrollment with the Division, shall be responsible for payment of all claims for medically necessary covered services received by an AHCCCS registered provider during Prior Period Coverage.
3. The Division shall authorize the approved prior period coverage services in Division Authorization System.
4. The Provider shall reimburse the responsible person for any payments made to the provider for covered services during the prior period coverage timeframe upon approval from the Division.

5. Reimbursement must be issued to the responsible person prior to submitting the claim for payment to the Division.
6. The Provider shall submit the Prior Period Coverage claims for medically necessary covered services to the Division for payment. Refer to Provider Policy 12 for more information.

Prior Quarter Coverage

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 when the Medicaid service was provided.

If the applicant is determined to qualify for AHCCCS covered services 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, the AHCCCS will pay for AHCCCS covered services provided during those months.

AHCCCS will determine whether an applicant meets prior quarter coverage criteria. If the applicant meets the prior quarter coverage criteria, providers will be required to bill the AHCCCS for services provided during a prior quarter eligibility period upon verification of eligibility or upon notification from the member of prior quarter coverage eligibility.

For covered services received during the prior quarter which have not yet been reimbursed or billed the provider must submit a claim to AHCCCS.

The Division is not responsible for determining prior quarter coverage or for payment for covered services received during the prior quarter. Claims submitted to the Division, for prior quarter coverage will be denied.

AHCCCS Billing requirements can be found at:

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>