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ARKANSAS MEDICAID  
EDUCATIONAL CONFERENCE

# Clinical Services

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# ARKANSAS MEDICAID EDUCATIONAL CONFERENCE

**Our mission is to promote excellence in health care through education and evaluation.**

- Core Service
  - Conduct timely review of medical records/information to determine if health care services requested/rendered to Medicaid beneficiaries are medically necessary, meet professionally recognized standards, and are delivered in the appropriate setting.

# Before you submit

- Prior Authorizations and Concurrent Reviews
  - Does the code require a PA?
  - Does the beneficiary have coverage?
  - Are the requested dates of services within the timely filing deadline?
  - If needed, have you obtained a waiver?
  - Do you have all the required documentation gathered?
- Retrospective Reviews
  - Do you have the ENTIRE medical record for that specific visit?

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# Types of Reviews Performed

- Prospective Reviews
  - Anesthesia
  - Assistant Surgeon
  - Hyperalimentation
  - Hyperbaric Oxygen Therapy
  - Inpatient Services
    - Continued Inpatient Services (MUMP)
    - Acute Crisis Unit
  - Lab Molecular Pathology
  - Orthotics and Prosthetics
  - Physician Administered Drugs
  - Professional Services
    - Surgical Procedures
  - Ventilators and Equipment
  - Viscosupplementation

# Types of Reviews Performed (Continued)

- Retrospective Reviews
  - Lab and Radiology
  - Professional Services
    - Extension of Benefits for office visits
  - Inpatient Retro
  - Emergency Room Visits
  - Hospital Acquired Conditions
- Concurrent Reviews
  - Inpatient Services
    - Continued Inpatient Services (MUMP)
    - Acute Crisis Unit

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# Electronic Submission

- AFMC ReviewPoint
  - For Inpatient Retro, Emergency Room, and Hospital-Acquired Condition Reviews
- MMIS/interChange Healthcare Portal
  - For all other process/review types

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# Benefits of Electronic Submission

- Can be accessed 24/7
- Records can be directly attached to the request
- Secure and HIPAA-compliant
- Reduces time and expense associated with paper submissions
- FREE

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# Review Process

- Request received via MMIS HealthCare Portal or AFMC ReviewPoint
- Initially reviewed by a Clinical Services Specialist — RN
- Referred to physician advisor, if necessary, for medical necessity determination
- Letters are mailed to the address on file with Arkansas Medicaid
  - Important – Read the denial rationales on the letters



# Time Frames

- Concurrent Reviews
  - 72 hours
- Prospective Reviews
  - 15 calendar days
- Retrospective Reviews
  - 30 calendar days
- Reconsideration Reviews
  - 30 calendar days
- Urgent/Expedited Requests
  - 72 hours

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# Suspended Reviews

- Not a denial
- On hold
- Attach/submit additional information

# Denials

- Reconsiderations
  - Reconsideration rights are listed on initial denial letter
  - Submit the requested information through the portal
  - Must be submitted within 35 days from the date of the letter
  - Include a copy of the denial letter
  - Denials and partial denials are determined by a Physician Advisor
- Appeal options
  - Appeal rights are listed on the initial denial letter

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# Contact Information

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# Recoupments

- Inpatient Retro
- Emergency Room
- Hospital Acquired Conditions
  - No response
  - Billing Errors
  - Medical Necessity
    - No recon
    - Recon upheld

# Questions?

- Does anyone have any?