Clinical Services

Ami Winters, BSHM

Assistant Director, Clinical Services

479-649-8501 option 1

ClinicalServices@afmc.org

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 healthcare 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 of the required documentation gathered?
- Retrospective Reviews
  - Do you have the ENTIRE medical record for that specific visit?

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
  - Viscosupplimentation

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

Electronic Submission

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

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

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

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

Suspended Reviews

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

Contact Information

Amy Rogers, BSN RN

Director, Clinical Services

Debbie Chambers, RN CMCN

Manager, Clinical Services

Ami Winters, BSHM

Assistant Director, Clinical Services

Cindy Hernandez, RN

Manager, Clinical Services

Amy Carson, RN CMCN

Manager, Clinical Services

Melissa Kilgore

Supervisor, Admin Support

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Questions?

- Does anyone have any?

