ARKANSAS MEDICAID
EDUCATIONAL CONFERENCE

AFMC
Prior Authorization Review

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afmc℠ ARMedicaid ARKANSAS DEPARTMENT OF HUMAN SERVICES

AFMC Clinical Review

AFMC is a leading quality improvement organization committed to improving health care throughout the state and nation.

We are dedicated to working with beneficiaries and health care providers in all settings to improve overall health and consumers' experience of care, while reducing health care costs.

We accomplish this by performing health utilization management reviews for public and private health plans to ensure all health care services reimbursed are provided in the most efficient manner and are medically necessary.

Prior Authorization Reviews

Determination of medical necessity of certain services provided to Medicaid beneficiaries prior to the delivery of service and the payment to the provider

Prior Authorization Review Types

- Inpatient length of stay for all acute care and rehabilitative hospitals
- Medical/surgical procedures, assistant surgeon, hyperbaric oxygen therapy
- Molecular pathology services
- Durable medical equipment, prosthetics, hyperalimentation and ventilator services
- Solid organ and bone marrow transplant services
- Physician administered drugs
- Personal care services for beneficiaries under age 21

Prior Authorization Review Process

Reviews are initiated by the submission of a request for authorization by an enrolled Medicaid provider. *The preferred method of review submission is through the ARMedicaid Healthcare Portal. Providers may call 479-649-8501 to discuss alternative methods of submission.*

Each review is initially screened by a clinical review specialist - RN using appropriate InterQual® criteria and/or Arkansas Medicaid's regulations, policies, standards and protocols relating to the specific prior authorization request. If the documentation provided supports medical necessity, the nurse approves the requested services.

If the nurse is unable to approve the requested services based on the information that is provided, the nurse summarizes the review findings and routes the information to a physician reviewer to make a determination to approve or deny the request.

Review Notifications

Upon completion of each prior authorization request, written notification of the review determination is mailed to the requesting provider and to the Medicaid beneficiary.

- **Approval notifications –** include each procedure code/modifiers and units approved along with the authorization number for billing
- **Denial notifications –** include case-specific clinical rationale and detailed information about how to appeal the determination, including the time frame allowed for submission and the requirement to provide additional information to support the medical necessity of the service denied

Due Process Rights

If AFMC is unable to fully approve any requested service, all applicable parties are notified in writing of the review determination along with detailed information regarding their due process rights.

Reconsideration

- Providers may request reconsideration within 35 calendar days of the date on the denial letter.
- Requests **must** include additional documentation to substantiate the medical necessity of the requested services.
- If the denial decision is reversed during the reconsideration review, an approval is forwarded to the provider specifying the approved units and services. If the denial decision is upheld, the provider and the Medicaid beneficiary will be notified in writing of the review determination.

Appeal Hearing

- Medicaid beneficiaries may request an appeal of the AFMC decision through the Office of Appeals and Hearings within 35 calendar days of the date on the denial letter.
- Providers may request an appeal of the AFMC decision through the Arkansas Department of Health. Please refer to Section 190.000 of the Arkansas Medicaid Provider Manual for more information.

Review Timeframes

Initial Review

- *Urgent Care Review*

A determination and notification will be issued as soon as possible based on the clinical situation, but in no case later than 72 hours from the receipt of the initial request

- *Non-Urgent Review*

A determination and notification will be issued within 15 days from the receipt of the initial request

Review Timeframes

Reconsideration Reviews

- *Expedited Review*

A determination and notification will be issued as soon as possible based on the clinical situation, but in no case later than 72 hours from the receipt of the reconsideration request

- *Non-Expedited Review*

A determination and notification will be issued within 30 days from the receipt of the reconsideration request

Contact Information

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