

MINIMUM REVIEWER EDUCATION LEVELS AND APPLICABLE TIMEFRAMES

Unless otherwise noted below, Vendor shall provide an initial review (Level I), and in certain instances, provide a secondary (Level II) review thus: Vendor shall refer all prior authorizations to the physician advisor for the final determine (Level II) if one cannot be made in the initial (Level 1) review.

Review Type	Level 1 Reviewer Min Education	Level 1 Timeframe	Level 2 Reviewer Min Education	Level 2 Timeframe
Prior Authorization Reviews				
Inpatient Services <ul style="list-style-type: none"> • Medical and surgical procedures • Assistant surgeons • Continued inpatient stay (MUMP) • Inpatient hospital services • Independent laboratories including molecular pathology • Lab, x-ray and professional services (inpatient and outpatient) • Extension of benefits for lab, x-ray, and professional services (inpatient and outpatient) 	RN	24 hours (max)	MD	24 hours (max)
Outpatient Services <ul style="list-style-type: none"> • Extension of benefits for outpatient procedures and services • Lab, x-ray and professional services (outpatient) • Extension of benefits for lab, x-ray, and professional services (outpatient) 	RN	24 hours (max)	MD	30 days (max)
Durable Medical Equipment (DME)	RN	30 days (max)	MD	Included in Level 1 timeframe
Personal Care (Under 21)	RN	3 days (max)	MD	10 days (max)

Review Type	Level 1 Reviewer Min Education	Level 1 Timeframe	Level 2 Reviewer Min Education	Level 2 Timeframe
Targeted Case Management (TCM)	RN	30 days (max)	MD	Included in Level 1 timeframe
Physician-Administered Drugs NOTE: Responses to a PA request must be provided within twenty-four (24) hours to the requesting provider under federal law. Vendor shall collaborate with DHS in order to develop the twenty-four (24)-hour response procedure	See Note	30 days (max)	See Note	Included in Level 1 timeframe
Retrospective Review				
Arkansas Works (Private Option) Mid-Year Transition Requests	RN	20 days (max)	MD	10 days (max)
Emergency Room/Emergency Department (ER/ED) Retrospective Review	RN	30 days (max)	MD	Included in Level 1 timeframe
Inpatient Services Retrospective Review	RN	30 days (max)	MD	Included in Level 1 timeframe
Neonatal Intensive Care Unit (NICU) Retrospective Review	RN	30 days (max)	MD	Included in Level 1 timeframe
Medical Review/Consult				
Out of State Referrals	MD	Emergency: 24 hrs Non- Emergency: 6 days	n/a	n/a
Suspended Claims	MD	7 days (max)	n/a	n/a

Review Type	Level 1 Reviewer Min Education	Level 1 Timeframe	Level 2 Reviewer Min Education	Level 2 Timeframe
Emergency Transportation	MD	7 days (max)	n/a	n/a
Transplants	MD	Emergency: 24 hrs Non-Emergency: 6 days	n/a	n/a
EPSDT Extension of Benefits	RN	30 days (max)	MD	Included in Level 1 timeframe
Emergency Medicaid Eligibility ("OPPD" in DCO)	MD	7 days (max)	n/a	n/a
Ad Hoc Review: DMS Internal PA Review Procedure	RN	30 days (max)	MD	Included in Level 1 timeframe
Ad Hoc Review: Code Set Reviews NOTE: Reviewer minimum education and timeframe for Vendor's response shall be determined at the time DHS makes such request to Vendor.	See note			