

Responding to ADRs

Additional Development Request or Additional Document Request

The Medicare reviewer selects one or more claims for medical review and an ADR is created. The document provides information to the provider about the timing for submitting the requested medical record documentation, the date of services, and exactly what medical records must be submitted. Based on the documentation submitted, the Medicare reviewer makes a decision about the status of the claim(s) and the appropriateness of the payment. An ADR can be sent by any of the Medicare reviewers, such as the Medicare Administrative Contractor (MAC), Recovery Audit (RA) Contractor, Supplemental Medical Review Contractor (SMRC), Zone Program Integrity Contractor (ZPIC), Unified Program Integrity Contractor (UPIC), the Comprehensive Error Rate Testing (CERT) program, and the MAC's Targeted Probe and Educate (TPE) process.

Identify, develop, train, and implement a dedicated ADR response team. Each member understands the ADR process, its importance, documentation guidelines, and meeting deadlines.

- Billing office
- MDS coordinator
- Therapy manager – PT, OT, SLP
- Medical records staff member
- ADR team coordinator

Review with staff member responsible for collecting daily mail the importance of any letters from CMS, MAC, ZPIC, RA, and any other legal entities.

When letter arrives, alert:

- Corporate Compliance and administration
- ADR team coordinator – alerts team that action will be required shortly from each member

ADR team coordinator:

- Reviews ADR letter in detail
 - > Identify requesting contractor
 - > Type of review and number of claims involved
 - > Time frame for submitting requested documentation
 - > How documentation can be sent
- Decide on a method of transmission – electronic or hard copy
- Compile the ADR documentation requested in the letter similar to the checklist form below, but in the order requested by the reviewer
- Ask the billing office manager to gather copies of the UB-04s for each selected resident based on the claim period being investigated
- Remind the ADR team to compile any requested records for 30 days prior to each assessment reference date (ARD)
- Create a tracking spreadsheet

Medical Records Compilation – SAMPLE ONLY; similar to the checklist form below, but in the order requested by the reviewer.

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	SERVICE DATE FROM	SERVICE DATE TO

CHECK WHEN COMPLETE	RECORD REQUESTED	COMMENTS FOLLOW-UP	ASSIGNED TO
<input type="checkbox"/>	Copy of the UB-04		
<input type="checkbox"/>	Hospital records that validate a qualifying stay		
<input type="checkbox"/>	Hospital Medication Administration Records		
<input type="checkbox"/>	Hospital Discharge Summary		
<input type="checkbox"/>	Hospital transfer record (Continuity of Care)		
<input type="checkbox"/>	Face sheet		
<input type="checkbox"/>	Physician Certifications / Recertifications - signed and dated		
	<ul style="list-style-type: none"> • Physical therapy 		
<input type="checkbox"/>	> Initial evaluation / plan of treatment		
<input type="checkbox"/>	> All subsequent evaluations		
<input type="checkbox"/>	> Therapy progress notes (in chronological order)		
<input type="checkbox"/>	> Therapy logs that validate services, days, and minutes		
<input type="checkbox"/>	> Therapy discharge summary if occurred in claim period		
	<ul style="list-style-type: none"> • Occupational therapy 		
<input type="checkbox"/>	> Initial evaluation / plan of treatment		
<input type="checkbox"/>	> All subsequent evaluations		
<input type="checkbox"/>	> Therapy progress notes (in chronological order)		
<input type="checkbox"/>	> Therapy logs that validate services, days, and minutes		
<input type="checkbox"/>	> Therapy discharge summary if occurred in claim period		
	<ul style="list-style-type: none"> • Speech/Language Pathology 		
<input type="checkbox"/>	> Initial evaluation / plan of treatment		
<input type="checkbox"/>	> All subsequent evaluations		
<input type="checkbox"/>	> Therapy progress notes (in chronological order)		
<input type="checkbox"/>	> Therapy logs that validate services, days, and minutes		
<input type="checkbox"/>	> Therapy discharge summary if occurred in claim period		
	Include records for look-back period of any billed MDS (not just therapy)		
<input type="checkbox"/>	Physician orders (including SNF admission); signed and dated		
<input type="checkbox"/>	Physician progress notes (in chronological order)		
<input type="checkbox"/>	Nursing notes (in chronological order)		
<input type="checkbox"/>	Graphic sheets/vital signs		

CHECK WHEN COMPLETE	RECORD REQUESTED	COMMENTS FOLLOW-UP	ASSIGNED TO
<input type="checkbox"/>	Consultations		
<input type="checkbox"/>	Laboratory/Pathology/Radiology reports		
<input type="checkbox"/>	Any additional diagnostic testing reports		
<input type="checkbox"/>	Medication Administration Records		
<input type="checkbox"/>	Treatment Administration Records		
<input type="checkbox"/>	Wound Care tracking records		
<input type="checkbox"/>	Resident care plan		
<input type="checkbox"/>	Itemized statement of charges		
<input type="checkbox"/>	Notice of Non-coverage (Condition Code 20 claims) applicable		
<input type="checkbox"/>	Credentials of all persons performing services		
<input type="checkbox"/>	Signature logs or attestation statements		
	Other		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Once records are compiled, ADR team coordinator needs to review each packet:

- Appropriate content – documents match the time frame in review (including look-back periods for the billed MDS items)
- All documents are legible
- All signatures, credentials, and dates are in place
- Attestation statements gathered, if needed
- Remove any duplicates
- Eliminate any staples
- Documentation should be on only one side of the page
- Number each page – lower right-hand corner of page
- Maintain a copy of each resident packet sent to the review contractor – put original documents back in medical record (keep the copy of the ADR documentation packet separate)
- Follow mailing directions exactly – be able to prove when the documents were sent as well as who received and date who received on the other end