

# Planning, Strategizing and Responding to an Additional Documentation Request (ADR)

HH+H Virtual Conference 6/8/2016

# Today's Presenters

- Corrinne Ball, RN, CPC, CAC, CACO

Provider Outreach and Education Consultant



# Objectives

- This session is designed to give providers insight on medical review process and responding to a Medicare ADR.
- This session will help providers strategize, plan, and implement quality processes to respond to an ADR request correctly.

# Agenda

- Why do we have a PCA process?
- What is PCA?
- Probes
  - Service specific probes
  - Provider specific probes
  - Target Medical Review
- PCA methodology
- Record preparation

# Progressive Corrective Action



# Why Do We Have a PCA Process?

- CMS requirement
- To reduce payment errors

# PCA Objectives

- Identify and prevent inappropriate payment
- Identify potential risk to the Medicare trust fund
- Educate providers
- Appropriately pay for covered services

# Types of Medical Review Probes

- **Service-specific probes**
  - Edits select claims for specific service review
  - Providers are notified by ADR
  - Undetermined number of claims requested
  - Providers do not receive a results letter



# Types of Medical Review Probes

## ■ Provider-specific probes

- Providers will be notified when they have been selected for this review
- Edits select claims for specific providers flagged by data
- May be either post-pay or pre-pay claims
- Detailed provider specific results letter
- Usually request 25-40 claims for review

# Target Medical Review

- Continuous ongoing review
- Probe results letter will identify your percentage of claims reviewed
- Probe denial rate determines percentage of claims reviewed
- Quarterly results letter
- Payment error rate 15% or less to be released

# PCA Methodology

- Data analysis
- Validation
- Calculation
- Corrective actions
- Reevaluation

# Data Analysis

- Trends
- Patterns
- Utilization
- Billing comparison to peers
- Billing comparison to national data

# Validation

- What does Medical Review look for?
  - Technical
    - Physician certification
    - Physician orders or narratives
    - Beneficiary election statement
- Eligibility
  - Medicare coverage guidelines
  - Medical necessity
  - Documentation supports the services billed
- 30 days to review records

# Calculations

- Payment error rate
- Claims error rate
- Service error rate

# Corrective Action

- **Provider-specific results letter**
  - Providers who are on targeted medical review or provider-specific probes
- **Web articles**
  - Results from wide-spread probes
- **Education referral**
- **Corrective Action Plan**
- **Benefit integrity**

# Responding to an ADR

- CMS requires providers to respond to an ADR within 45 days from the date the additional development request was generated
- 45th day after ADR generated full claim denial with MSN 56900
- Support all services/dates requested



# Record Preparation



# Planning

- Implement quality processes to check for ADRs
- Implement processes to respond to an ADR timely

# Track Your ADRs

- SB6001 claim suspend for ADR
  - **45** days to respond to an ADR with documentation
- SM5REC claim moved to a medical review location
  - Medical review has **30** days to adjudicate the claim
- PB9997 - Claim paid
- DB9997 - Claim denied
  - 56900 - Claim denied, records requested were not received

# Strategizing

- Implement quality process to:
  - Review forms and documents to ensure they meet Medicare regulations
  - Review forms and documents for legible signatures
    - Submit signature logs when needed
  - Review processes to ensure that you are obtaining the information needed to support coverage and services billed

# Responding to an ADR

- **Do:**

- Organize records
- Copy both sides of the records
- Paginate records
- Quality review for signatures
- Attach ADR request on the top of the appropriate records
- Return records to the contractor within 45 days

- **Do NOT:**

- Bind records together
- Highlight records
- Attach sticky notes or tabs

# Summary

- Key points
  - Plan
  - Strategize
  - Respond

# Medicare University

- Interactive online system available 24/7
- Educational opportunities available
  - Computer-based training courses
  - Teleconferences, webinars, live seminars/face-to-face training
- Self-report attendance
- Website
  - <http://www.MedicareUniversity.com>

# Medicare University Self-Reporting Instructions

- Log on to National Government Services Medicare University
  - <http://www.MedicareUniversity.com>
    - Topic = **Enter title of webinar**
    - Medicare University Credits (MUCs) = **Enter number**
    - Catalog Number = To be provided
    - Course Code = To be provided
  - Visit our website for step-by-step self-reporting instructions.
    - Click on the **Education** tab, then the **Medicare University Course List** tab, click on the **Get Credit** link. This will open the **Get Credit for Completed Courses** web page.



# Continuing Education Credits

- All National Government Services Part A and Part B Provider Outreach and Education attendees can now receive one CEU from AAPC for every hour of National Government Services education received.
- If you are accredited with a professional organization other than AAPC, and you plan to request continuing education credit, please contact your organization not National Government Services with your questions concerning CEUs.

# Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?