## Purpose

# To assure Additional Development Requests (ADR) sent by the Center for Medicare & Medicaid Services (CMS), all CMS appointed contractors and insurance companies are responded to, sent and received in a timely manner.

# **Policy**

1. A request letter regarding ADR is received by corporate or the community. Depending on the payer, the request letter is scanned and emailed (preferably) to the Medicare biller or insurance biller.
	1. If the letter is sent to the Division Director of Clinical Operations or Division Manager of Quality and Compliance directly from the communities, the Division Director of Clinical Operations or Division Manager of Quality and Compliance will notify the Medicare biller or insurance biller of the ADR.
2. The ADR letter is filed in the folder named “ADR File” on the G drive where it can be accessed by all appointed staff.
	1. An entry is made of the ADR request on the “Humana” or “Medicare” or other insurances” spreadsheet for the purpose of tracking requests, responses and resolutions to the ADR.
	2. These spreadsheets are saved in the “ADR File” on the G drive.
3. The Medicare biller or insurance biller will send the letter or other form of notification (preferably by email) to the Division Director of Clinical Operations or Division Manager of Quality and Compliance.
4. The Division Director of Clinical Operations or Division Manager of Quality and Compliance will gather all requested information (or delegate appropriately to the facility or contract therapy company) prior to the deadline for responding to the ADR.
5. The Division Director of Clinical Operations or Division Manager of Quality and Compliance will send the documents and records requested in ADR letter to Medicare biller or insurance biller will allowing significant time to meet the response deadline.
6. The Medicare biller or designee will electronically submit the completed ADR request or if unable to electronically submit will send the completed ADR request by Certified Mail.
	1. The respective biller will notify the Division Director of Clinical Operations or Division Manager of Quality and Compliance when the completed ADR request was sent and when the records were received by the requesting payer.
7. All steps in the process with be noted on the corresponding spreadsheet by the Division Director of Clinical Operations or Division Manager of Quality and Compliance until a resolution is determined. Once an ADR is resolved, all information will be moved from the active “Humana” or “Medicare” or “other insurances” spreadsheet to the “Resolved Humana Audits” or “Resolved Medicare” and “other insurances” spreadsheet.