

ADRs and Appeals: Revisiting who does what/when

Medicare and other payers routinely look at our rehab documentation in order to determine reimbursement. The good news is that Rehabcare has a dedicated ADR and appeals team, whose job is to facilitate the process. Because our contracts are specific around notification deadlines for ADRs and denials, because Medicare has specific timelines to appeal, and because the appeals team's interactions ensure the client has access to the experts who handle these issues every day, it's crucial that our standardized Rehabcare process is utilized to ensure timely processing and effective response when requests for documentation or new denials occur. In the last year, the majority of Rehabcare sites have rolled out on the new standard ADR process. If you are unfamiliar with this process, please reach out to your ADO and Appeals Specialist to schedule training with your facility.

When a facility receives a new request for documentation (ADR):

1. Facility should forward this request and copy of the UB directly to adrcoordinator@rehabcare.com. The ADR coordinators on our appeals team will be primarily responsible for gathering the records and providing a packet back to the facility, with the assist of the MPD/PD or designee for items not in SMART. Use of this email communication helps establish notification windows, and removes burden of timely response and chart review from the responsibility of the MPD/PD.
2. MPD/PD or designee can be proactive by uploading copies of signed POCs, orders to evaluate and tx, referral notes, etc, that may be of benefit to support skilled service and medical necessity.

Once the ADR decision is received by the facility:

1. Facility will forward decision to adrcoordinator@rehabcare.com for processing for closure or communication with the client on what to watch for and what is needed to process the denial for appeal.
 - Our contracts require specific deadlines around notification of ADRs/denials; following the process with use of the ADR coordinator email helps establish the timelines necessary to make determinations and protect MPDs/PDs from potentially increasing Rehabcare risk or getting into "he said/she said" situations with the facility.
2. Following official denial processing by Medicare or other payers, our appeals team registers the denial and the appeal specialist may reach out to the MPD/PD for additional records.

Following each appeal level, appeal decisions will be issued by the payer, and received by the facility:

1. Facility should forwarded decisions to the Appeal Specialist so that further appeal or closure can occur timely.

MPDs/PDs should not assume responsibility for receiving paperwork handed to them in regards to ADRs or denials, but should gently refer the biller/business office manager to the Rehabcare process and ask them to submit to the appropriate team members through that process so that the specialist or ADR coordinator can facilitate appropriate timely response.

Under our Rehabcare ADR and Appeals process, we ensure our clients receive the value of having access to a dedicated team with expertise in Medicare policy requirements, we increase successful completion of ADRs and appeals, and we preserve our client's right to appeal through timely responses. Thank you for your help in making this a success.