

Eli's Hospice Insider

Hospice News: Say Goodbye To Extensions For ADRs

When you get a documentation request from your MAC or another Medicare entity (such as a ZPIC, CERT or RAC auditor), chances are strong that you don't have the requested paperwork sitting right in front of you ☐ but if you need more time than the standard 45 days to find it, you can say goodbye to your payments.

MLN Matters article MM8583, "New Timeframe for Response to Additional Documentation Requests," points out what is new with its timeframe policy: Auditors have always expected documentation for pre-payment review within 45 calendar days of the request, but in the past may have granted extensions when warranted on a case-by-case basis. Now CMS says, "The reviewer should not grant extensions to the providers who need more time to comply with the request."

Not only will you get denied for extra time, but you can expect to collect nothing on the claims if you don't get your documentation in before the 45 day period expires. "Reviewers shall deny claims for which the requested documentation was not received by day 46," CMS says.

Resource: To read the article, visit www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8583.pdf.