



**Nursing Home Admission Notification Form**  
**UCare for Seniors (MN & WI), MSHO, MnDHO (UCare Complete), Connect or MSC+**  
**To fax to UCare: (612) 884-2499 or (866) 610-7215**  
**To fax to MMSI: (888) 889-7822**

**Please submit this form to UCare or MMSI upon admission, discharge and whenever there is an update or change within 24 hours**

Today's date \_\_\_\_\_ Date of Admission to Nursing Home: \_\_\_\_\_  
 Member Name \_\_\_\_\_ UCare Mbr ID# 000 \_\_\_\_\_ 00  
 Member DOB \_\_\_\_\_ Primary Care Clinic \_\_\_\_\_  
 Facility Name \_\_\_\_\_ Facility Provider ID # NH \_\_\_\_\_  
 Facility Contact Name \_\_\_\_\_ Facility Contact Phone # \_\_\_\_\_  
 Facility Contact Fax # \_\_\_\_\_ Admit Diagnosis (ICD9) \_\_\_\_\_  
 Additional Diagnosis \_\_\_\_\_  
 Admit from Community/Nursing Home Resident? \_\_\_\_\_  
 Admit from Hospital? \_\_\_\_\_ Name of Hospital \_\_\_\_\_  
 Hospital Admit Date \_\_\_\_\_ Hospital D/C Date \_\_\_\_\_  
 Discharge Diagnosis \_\_\_\_\_

|                     |  |  |   |
|---------------------|--|--|---|
| <b>Reason Code:</b> | <b>1. Initial Admission</b><br><b>2. Category Change</b><br><b>3. Readmission</b><br><b>4. End of Benefit</b><br><b>5. Notice of Non-Coverage or NONMC Given</b> | <b>6. Discharge Home</b><br><b>7. Discharge to Hospital</b><br><b>8. Member Expired</b><br><b>9. Transferred to another SNF</b><br><b>10. Discharge Part A, remain in same SNF</b> | <b>11. Bed Hold Days-Medical</b><br><b>12. Bed Hold Days-Therapeutic</b><br><b>13. 'Other' please specify</b><br><u><b>PLEASE NOTE ONLY UCARE OR UCARE AUTHORIZED ENTITIES MAY APPROVE WAIVER OF 3 DAY STAY</b></u> |
|---------------------|--|--|---|

| <i>Product Type circle one):</i>   |                       |                       | <i>Category level requested-Skilled, Complex or Therapy-UCare</i> | <i>Medicare Days- Part "A"</i> | <i>State Case Mix RUG Code</i><br><i>(e.g. SE2, RAA, PD2)</i><br><i>(enter RUG)</i> | <i>Number of State Case Mix Days</i><br><i>(at current RUG)</i> |
|--|-----------------------|-----------------------|---|--------------------------------|---|---|
| <i>UCare for Seniors (Medicare-MN/WI)</i>  | <i>UCare MSHO</i>     | <i>UCare Complete</i> |   |                                |   |   |
| <i>UCare Connect* MSC+ **</i>  |                       |                       |   |                                |   |   |
| <i>*Health Plan State Case Mix Liability only 100 days</i>   |                       |                       |   |                                |   |   |
| <i>**only State Case Mix Days for MSC+ Member may have Medicare through another provider or FFS.</i> |                       |                       |   |                                |   |   |
| <i>Admission (A)</i>   | <i>Effective Date</i> | <i>Reason Code</i>    |   |                                |   |   |
| <i>Change (C)</i>  | <i>Change/Update</i>  |                       |   |                                |   |   |
| <i>Update (U)</i>  |                       |                       |   |                                |   |   |
| <i>Discharge (D)</i>   |                       |                       |   |                                |   |   |
|  |                       |                       |   |                                |   |   |
|  |                       |                       |   |                                |   |   |
|  |                       |                       |   |                                |   |   |
|  |                       |                       |   |                                |   |   |
|  |                       |                       |   |                                |   |   |

Please include therapy evaluations, hospital discharge orders, nursing home admission orders and other supporting documentation if available to assist in determining coverage with the initial admission form and with subsequent updates.

A Utilization Review Nurse will contact you to determine coverage and category level for Part A stay. Facility requirements including UCare approved denial letters are found on the UCare Website [www.ucare.org](http://www.ucare.org). Provider requirements are found in Chapter 7 of the Provider Manual on the UCare website as stated in facility contracts.