



Nursing Home Admission Notification Form

UCare for Seniors (MN & WI), MSHO, Connect or MSC+

Fax to UCare: (612) 884-2499 or (866) 610-7215

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 # 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 _____

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

Product Type circle one): UCare for Seniors (Medicare-MN/WI) UCare MSHO UCare Connect* MSC+ ** <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>			Category level requested- Skilled, Complex or Therapy- UCare	Medicare Days- Part "A" Yes or No	State Case Mix RUG Code (e.g. SE2, RAA, PD2) (enter RUG)	Number of State Case Mix Days (at current RUG)
Admission (A)	Effective Date	Reason Code				
Change (C)	Change/Update					
Update (U)						
Discharge (D)						

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. Provider requirements are found in Chapter 7 of the Provider Manual on the UCare website as stated in facility contracts.