

Sept. 15, 2011

Special Edition for Nursing Facilities

Qualifying Event: Waiving the 3-day Inpatient Hospital Stay

UCare does not require a 3-day inpatient hospitalization for skilled nursing facility (SNF) room and board coverage for *UCare for Seniors*, UCare’s Minnesota Senior Health Options (MSHO), or *UCare Connect* members. In order to be eligible for room and board coverage, the member must meet SNF coverage/eligibility criteria and one of the following:

- The member must present to a clinic, emergency room, or urgent care setting and require ongoing skilled care, observation, and/or monitoring that cannot be appropriately provided in the home setting. The member would be eligible for room and board coverage in the SNF only until their condition no longer requires daily skilled nursing and/or daily skilled rehabilitation services.
- If the member is a long-term care resident, they must be experiencing an acute illness or exacerbation of a chronic condition that would meet criteria for an inpatient admission, but because care can be safely provided in the SNF, they remain in the SNF. Coverage will only be authorized for the period of time that the member requires skilled services that meet coverage criteria.

UCare’s Clinical Services or its Approval Authorities need to approve the waiving of the 3-day hospital stay.

Refer to the Prior Authorization/Notification Grids to find out who the Approval Authority is. The Prior Authorization/Notification Grids can be found by logging on to our web site at

www.ucare.org/providers/pages/authgrids.aspx.

Proper Notifications to Approval Authority

It is critical that the Approval Authority is notified promptly and accurately when UCare members are being admitted, discharged, or whenever there is a change in their level of care. It is also important to notify the Approval Authority promptly as UCare tracks the

member’s usage of SNF/NF days (for UCare’s MSHO and *UCare Connect* members).

You are required to notify the Approval Authority within one business day for admissions, discharges, or changes in level of care. You must:

- Fax the “[Nursing Home \(NH\) Admission Notification Form](#)” for *UCare for Seniors*, *UCare Connect*, and UCare’s MSHO members to the Approval Authority to request authorizations.
- Fax the “[Prepaid Medical Assistance Program \(PMAP\) Communication Form](#)” for **Minnesota Senior Care Plus** members to the Approval Authority to request authorizations.

Once the Approval Authority reviews the request, they will contact you with a determination.

As a reminder, please make sure that the NH Admission Notification/PMAP Communication Forms are filled out in its entirety. Any incorrect and/or missing information may cause a payment error or delay when your claim adjudicates.

Two Most Common Billing Denials

In recent claim activities, we have noticed two most common billing denials:

- Number of days billed on a claim does not match the patient status code.
- Number of days billed on a claim does not match the number of days authorized.

To prevent claims payment denials, please make sure that the patient status code is properly coded to match the number of days billed and the 3rd digit – frequency Type of Bill (TOB). Some examples are:

Service Dates	Patient Status Code	Number of days billed:	Correct number of days to bill:	3 rd Digit TOB
7/1 – 7/15	30	14	15	xx2 or xx3
7/1 – 7/15	01	15	14	xx1 or xx4

Before submitting claim(s) to UCare, please make sure that the Approval Authority has received and entered the NH Admission Notification/PMAP Communication Form into the system. If you are unsure whether or not the form has been received and entered, look online in [UCare's Provider Portal](#). Once logged in, you should also verify that the date span and level of care are correct.

If there is a discrepancy as to what has been entered into the system vs. what was submitted, and/or there has been a change from the last time the form was submitted, please contact the Approval Authority to correct it and/or submit a revised form so that the authorization gets updated.

Resources

UCare Provider Portal

Did you know that the UCare Provider Portal now allows you to see the SNF/NF level of care that was authorized for UCare members?

This is a new feature that has just been added to the UCare Provider Portal to make it easier for SNFs/NFs. By viewing the details of the authorization in the Provider Portal, it allows you to verify that the authorization you requested has been entered in correctly and/or seek correction to the authorization before submitting your claim(s) to prevent payment denials.

Some other great features of the UCare Provider Portal are:

- Ability to view and print Explanation of Payments (EOPs). **Note: EOPs are stored in the UCare Provider Portal up to 18 months from the date it was produced.**
- Verify member eligibility.
- View claims status.
- Send secure messages to the Provider Assistance Center.

User access to the Provider Portal should be requested through your UCare Provider Portal administrator, whom is within your organization. If your organization does not have an established administrator yet, the person who has been selected as the administrator can register for an account by logging onto our web site at <https://provider.ucare.org/pages/register.aspx>. Once they have been approved by UCare, they will then need to log in and set up users. For user guides and to start logging into the Provider Portal, visit our web site at www.ucare.org/providers/Pages/ProviderPortal.aspx.

Online Facility Change Forms

Effective 8/2/10, we require all providers to submit facility changes/updates electronically via online forms, rather than submitting paper forms via fax, mail, or e-mail. If you submit any of these following requests that are other than our electronic online forms, they will be rejected and returned to you with a letter stating that the requests must be made by submitting our electronic online forms.

Instead of the paper-submitted UCare Facility Change/Update Form, this form has been divided into **three** separate electronic online forms. You must submit an electronic online form for each of the changes/updates that will occur, or has occurred. The three forms are:

- Facility Change–Demographic Change/Update.
- Facility/Clinic Closing.
- Facility Location Add.

You can find all of these online forms on our “Forms” web page at www.ucare.org/providers/pages/forms.aspx.

As a reminder, please submit the changes no fewer than 30 days from the effective date, or as soon as you are aware of the changes.

health lines

health lines is UCare’s provider newsletter that is published quarterly. Each quarter, *health lines* will bring you UCare news, updates, events, coding and billing updates, reminders, and etc. All *health lines* newsletters are available online at www.ucare.org/providers/pages/healthlines.aspx.

If you would like to receive an e-mail notification when *health lines* (and other important news/updates from UCare) become available, register for our E-mail Listserv by visiting our web site at www.ucare.org/providers/Pages/E-MailListServer.aspx. Click “Join Now!” to start the registration process.

Follow Us on Facebook

UCare is now on Facebook! We’re easy to find at www.facebook.com/UCarehealthplan.



If you have a Facebook account, click "Like" and connect with us to receive regular postings about UCare’s health, wellness, and community activities.

If you have comments and/or suggestions for future content, please e-mail us at healthlines@ucare.org.

Provider Assistance Center
612-676-3300 or
1-888-531-1493 (toll free)