

Denial Notices

Valid Delivery

To fulfill our requirements as a Medicare Advantage plan, it's UCare's responsibility to ensure our contracted skilled nursing facilities correctly issue the appropriate denial notices when caring for our members in a skilled (Part A) stay.

The following grid outlines when each of the notices must be issued.

Notice of Medicare Non Coverage (NOMNC)	Issued when a member no longer meets Medicare guidelines for skilled coverage.
Notice of Denial of Medicare Coverage (NDMC)	Issued when a member is denied skilled coverage upon admission and when the 100 days of their Medicare benefit is exhausted.
Detailed Explanation of Non Coverage (DENC)	Issued when a member decides to appeal.

Authorized Representative

In circumstances when a member may not fully understand their appeal rights, the denial notice can be issued to their authorized representative.

If the authorized representative cannot be present to sign the denial notice, it can be delivered over the phone. Be certain to document when you spoke with the authorized representative and mail the form to them via US mail.

If after multiple attempts the authorized representative cannot be reached, the notice must be mailed to them via certified US mail.

UCare's NOMNC Valid Delivery Documentation Form outlines the information that must be documented when delivering a denial notice telephonically.

Each of the denial notices with their instructions and the **NOMNC Valid Delivery Documentation Form** is posted in the "Forms" section of the Provider site at www.ucare.org.

You may also find the **Nursing Home Admission Notification Form** in the "Forms" section of the Provider site. Please submit this form upon admission, discharge, and whenever there is an update or change within 24 hours to UCare or Mayo Management Services, Inc. (MMSI).

Electronic Transaction Mandates

Effective July 15, 2009, all healthcare providers in the state of Minnesota are required to submit claims electronically (Minnesota Statute, section 62J.536).

When submitting paper attachments and adjustment requests, be sure to fax these documents to UCare at **612-884-2261**. Each attachment should be accompanied with the Administrative Uniformity Committee (AUC) Claim Attachment Cover Sheet, available on the AUC web site at <http://www.health.state.mn.us/auc/index.html>.

Did you know that the next, *and last*, set of electronic transactions is Dec. 15, 2009? Health care providers are required to receive electronic remittance advices (also known as an 835), while payers and group purchases are required to submit it electronically. UCare has the capabilities of sending 835s along with electronic funds transfers (EFTs) to providers. EFT is the most convenient and paperless way for a provider to receive their funds. You can find out more about EFT and 835 in our web site by logging on to [www.ucare.org/providers/pages/electronicfundtransfer\(EFT\).aspx](http://www.ucare.org/providers/pages/electronicfundtransfer(EFT).aspx).

UCare Products

UCare provides healthcare coverage to individuals eligible for Medicaid and Medicare, and offers no commercial products. Depending upon which UCare product a member is enrolled with, UCare is responsible for managing the benefits they would have received if enrolled with fee-for-service Medicaid and Medicare.

The following list identifies what benefit sets each of our products offers:

Medical Assistance benefits

- Prepaid Medical Assistance (PMAP)
- MinnesotaCare
- Minnesota Senior Care Plus (MSC+)

Medicare benefits

- Medicare Advantage - *UCare for Seniors*

Medicaid and Medicare benefits (Combined)

- Minnesota Senior Health Options (MSHO)
- Minnesota Disability Health Options (MnDHO) – *UCare Complete*
- Special Needs Basic Care (SNBC) – *UCare Connect*

Medical Assistance days

With the exception of *UCare Connect*,* UCare is responsible for the first 180 room and board days when a member receiving Medical Assistance through UCare is admitted to a custodial stay. This is applicable only if the member resides in the community when they enroll with UCare, otherwise the State will be fiscally responsible for the room and board charges.

**UCare Connect* has the same benefit structure; however it is limited to 100 days instead of 180.

Medicare days

Part A:

For members that have their Medicare benefits assigned to UCare, UCare is responsible for 100 days of skilled (Part A) care. The benefit structure is identical to Medicare, with the exception that UCare provides concurrent review and authorizes by Category/Level of Care, not prospectively by the Medicare RUG rate determined by the Minimum Data Set (MDS).

Part B:

A prior authorization is required for each therapy modality when the number of days exceeds 50 visits. This replaces the Medicare Part B therapy cap.

Friendly Reminders

Access UCare

Did you know that UCare offers providers access to member, claim, and authorization information through our secure web site? Now registration is quicker and easier than ever before with the new **Access UCare Registration Form**. For more information and to register, log on to www.ucare.org/providers/Pages/AccessUCare.aspx.

Network Services Coordinator

As a valued provider within the UCare network, you have a dedicated Network Services Coordinator to assist you in a variety of ways. You may contact Sherry or Mary, depending on your geographical area.

- **Northern Region:** Sherry Miller
(612) 676-3252
shmiller@ucare.org
- **Southern Region:** Mary Dufour
(612) 676-3250
mdufour@ucare.org

Provider Assistance Center

Our **Provider Assistance Center** can help answer your questions and we're just a phone call away! They can be reached at **612-676-3300 or 1-888-531-1493 (toll free)**.

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