

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.

UCare
NOMNC VALID DELIVERY DOCUMENTATION FORM
 (Wisconsin SNF, HHA or CORF)

(This form is to be used when delivery of the NOMNC notice is by phone to the member's representative.)
THIS FORM IS FOR PROVIDER USE ONLY—DO NOT SEND TO MEMBER'S REPRESENTATIVE

NOMNC notice regarding: _____
(Member's Full Name)

I _____ contacted _____ on _____
(Facility Representative) (Name of Member's Representative)

_____ at _____ at _____
(Date) (Time) (Phone Number)

I explained the following:
 _____ Member's last covered day would be _____
 _____ If member's representative disagreed with this notice, the member's representative could appeal this decision.
 _____ MetaStar is the review organization that would handle the Appeal and their toll free number is 1-800-562-2320.
 _____ In order to request an expedited review, MetaStar must be called before noon on _____

I mailed the NOMNC notice to the member's representative on _____
(Mailing date should be the same date as the telephone notification.)

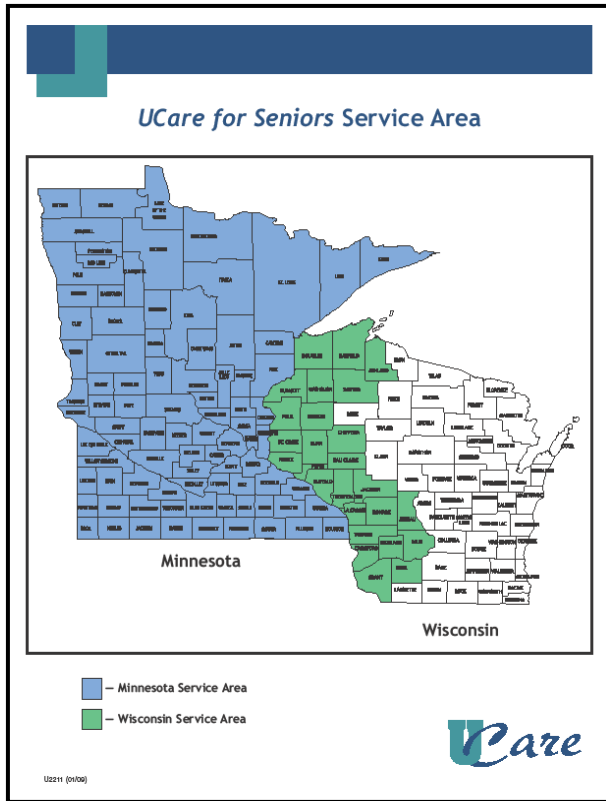
Signed: _____
(SNF, HHA or CORF Representative)

Instructions: UCare's Utilization Management Program created this form to help skilled nursing facilities (SNF), home health agencies (HHA) or comprehensive outpatient rehabilitation facilities (CORF) achieve compliance when delivery of the NOMNC notice is by telephone to the member's representative. Usage of this form is optional. However, all CMS valid delivery requirements must then be documented in the member's chart notes. This form is for approval only and should not be mailed to the member's representative. UCare recommends that this form be filed with the copy of the NOMNC notice that is mailed to the member's representative. If the member's representative returns a signed copy of the NOMNC notice, then file this form with signed NOMNC.) (UCare revised 1/09/08.)

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.

UCare Product

UCare currently offers *UCare for Seniors*, a Medicare Advantage plan, in 26 western Wisconsin counties. The service area in Wisconsin includes: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Crawford, Douglas, Dunn, Eau Claire, Grant, Iowa, Jackson, Juneau, La Crosse, Monroe, Pierce, Pepin, Polk, Richland, Sauk, Sawyer, St. Croix, Trempealeau, Vernon, and Washburn.



UCare for Seniors has three levels of coverage to choose from:

- *UCare for Seniors Value.*
- *UCare for Seniors Value Plus.*
- *UCare for Seniors Classic.*

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.

Not a Contracted UCare Provider Yet?

If your facility is interested in becoming a contracted provider with us, you may contact **Dianne Kuss** at 612-676-3539, or via e-mail at dkuss@ucare.org.

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
shmill@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.