

Wisconsin Skilled Nursing Facility and UCare

Working Together



May 2011

Agenda

- **Overview of UCare**
 - About UCare
 - UCare Products

- **Coverage Guidelines**
 - Medicare Coverage
 - Part A
 - Part B

- **Denial Notices**
 - Forms
 - Proper Delivery
 - Authorized Representative
 - Invalid Notices

- **Billing**
 - Coding
 - Guidelines
 - Filing

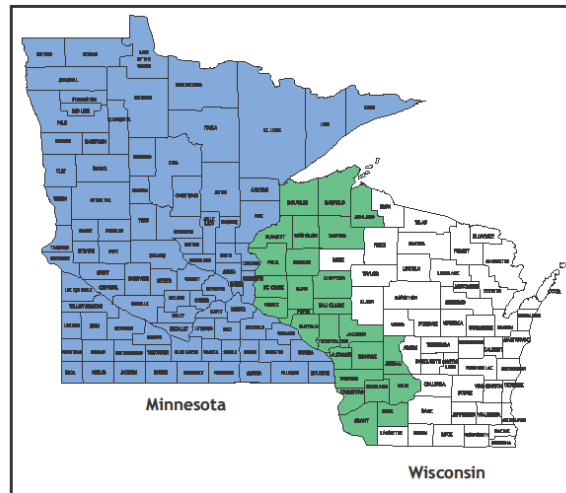
- **Resources**

Objective

- To provide a comprehensive overview of the operational functions performed by nursing facilities that care for UCare members including:
 - Product and benefit coordination.
 - Proper handling of denial forms.
 - Appropriate claims payment practices.
 - Available resources.

Service Area

UCare for Seniors Service Area



- Minnesota Service Area
- Wisconsin Service Area



U2211 (04/09)

About UCare

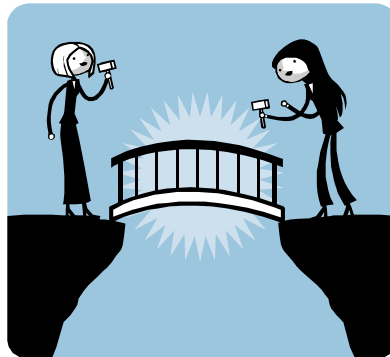
- UCare was created in 1984 by the Department of Family Practice and Community Health at the University of Minnesota is the fourth-largest health plan in Minnesota.
- UCare is an independent, nonprofit health plan providing health coverage and services to more than 230,704 members in Minnesota and western Wisconsin.
- UCare's Mission Statement:
 - *"UCare will improve the health of our members through innovative services and partnerships across communities."*

Snapshot of UCare

- Network (in Minnesota and Wisconsin):
 - 8,620 physicians.
 - 18,646 specialists.
 - 325 hospitals.
 - Medicare Advantage statewide in Minnesota.
 - 26 counties in Wisconsin.

What makes UCare different?

- ▶ 4.5 out of 5 stars on Centers for Medicare and Medicaid Services' (CMS') overall summary rating at www.Medicare.gov.



Skilled Coverage (Medicare Part A)

Benefit outline

- 100 skilled days
 - Must meet Medicare definition of "skilled".
 - 60 day separation period.
 - Days must be authorized by UCare.



Skilled Coverage (Medicare Part A)

Qualifying Event/Waiving the 3 day hospital stay

- UCare does not require a prior three (3)-day hospitalization for SNF room and board coverage for *UCare for Seniors*, UCare Secure, MSHO, MnDHO members, or Connect. (The 3-day stay requirement does apply to *UCare SeniorSelect* members.) In order to be eligible for room and board coverage, the member must meet SNF coverage/eligibility criteria and must meet one of the following:
- The member must present to a clinic, ER, or urgent care setting and require ongoing skilled care/observation/monitoring that cannot be appropriately provided in the home setting. The member would have to meet SNF coverage/eligibility criteria guidelines. The member would be eligible for room and board coverage in the SNF only until their condition no longer required 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. The member would have to meet SNF coverage criteria. Coverage will only be authorized for the period of time that the member requires skilled services that meet coverage criteria.
- Need an authorization from UCare Clinical Services to waive the 3 day hospital stay requirement.

Medicare Part B Coverage

Part B Therapies

- Medicare Advantage members are eligible to receive Part B therapy benefits, provided they meet Medicare criteria for these services.
- The Medicare therapy capitation does not apply to UCare members. Instead, an authorization is required beyond the 10th date of service for each type of therapy.

Authorizations

- The following nursing home services require an authorization:
 - Part A days
 - Part B therapies (beginning the 11th visit of the year)
 - Specialized durable medical equipment (DME)
- Established turnaround time for reviews: 14 days
- Established turnaround time for expedited reviews: 72 hours.
- Nursing Home Admission Form:
 - Faxed upon admission
 - Faxed for change in level of care (including d/c to hospital, significant change, end of benefit days).

Denial Forms

- The Forms
- Valid Delivery
- Authorized Representative
- Invalid Notice

Denial Forms

- Three forms:
 - Notice of Medicare Non Coverage (NOMNC).
 - Notice of Denial of Medical Coverage (NDMC).
 - Notice of Detailed Explanation of Non-Coverage (DENC).

Denial Notices

- **Notice of Medicare Non-Coverage (NOMNC)**
 - Issued when ongoing services are being terminated.
 - Replaces 9 page MSHO Notice of Non Coverage (NONC) form.
 - Guidelines for valid delivery are **identical** to the NOMNC for Medicare Advantage (*UCare for Seniors*).
- **Detailed Explanation of Non-Coverage (DENC)**
 - Issued when member decided to appeal the termination.
- **Notice of Denial of Medical Coverage (NDMC)**
 - Issued when a member doesn't qualify for a Part A stay upon admission, and
 - At the end of the 100 day benefit period.

Denial Shortcuts

NOMNC <i>Notice of Medicare Non Coverage</i>	NDMC <i>Notice of Denial of Medical Coverage</i>	DENC <i>Notice of Detailed Explanation of Non-Coverage</i>
<ul style="list-style-type: none">● End of skilled care	<ul style="list-style-type: none">● Denied admission● 100 day benefit exhausted	<ul style="list-style-type: none">● Issued when member decides to appeal the termination.

Valid Delivery

- The NONMC must be delivered whenever skilled services are being discontinued:
 - Services no longer meet the Medicare definition of "skilled".
 - The goals of skilled care have been met.
- The NOMNC must be issued in all applicable situations, regardless of whether the enrollee agrees that services should end.
- The NOMNC must be delivered no later than 2 days before the effective date of the termination of skilled services.
 - The delivery must take place before "close of business" (typically 4:30 pm) for that day to count as Day 1 of the advance notice.
 - The NOMNC may be delivered earlier than two days prior to the termination effective date.

Authorized Representative

- If the member is unable to understand and sign the notice, their **authorized representative** has the authority to do so.
- Telephone notification:
 - Representative must be informed of the contents of the notice.
 - The date, time, and phone number of the call must be documented.
 - The notice must be mailed to the representative.
 - NOMNC Valid Delivery Documentation Form may be used to assure valid delivery.

Invalid Notices

- Notice missing the enrollee's or the representative's signature.
- Notice missing the date on which the services are ending.
- Notice given to an enrollee who is not able to understand the notice or their appeal rights.
- Notice given by leaving a voicemail message for the enrollee's representative.
- Notice not given on correct form (the BIPA form, for example).

Member Appeals

- Wisconsin Residents
 - MetaStar, Inc., 608-274-1940 or 1-800-362-2320 toll free or
 - TTY: 711 or 1-800-947-3529 toll free (Wisconsin Relay) to appeal, or if you have questions.

Billing

- Part A Claims Bill Type: 21x
 - REV:
 - 191 = Category 1
 - 192 = Category 2
 - 193 = Category 3
 - 194 = Category 4
 - 199 = Category 5
 - † Always include the category description in FL43.
 - † All nursing home claims must be billed on the UB-04.

Billing, Cont'd.

- Part B Claims
 - Therapies, labs, diagnostic tests, surgical dressings...
 - Billed **separately** from room and board charges.
 - Common Bill Types:
 - 22x (resident) - Medicare certified.

Resources

Resources

- **Claims & Payment Questions**

- ✓ Northern Region: Sherry Miller

(612) 676-3252

shmiller@ucare.org

- ✓ Southern Region: Mary Dufour

(612) 676-3250

mdufour@ucare.org

- **Contracting:**

- ✓ Dianne Kuss

(612) 676-3539

dkuss@ucare.org

Provider Assistance Center

- Respond to incoming calls from providers:
 - Claims/billing questions
 - Referral/authorization questions
 - Benefit questions
- Respond to provider correspondence.
- Available Monday-Friday 8 a.m. to 5 p.m.
- 612-676-3300 or 888-531-1493 (toll free).



www.ucare.org

- Log on to www.ucare.org then select “Providers”.

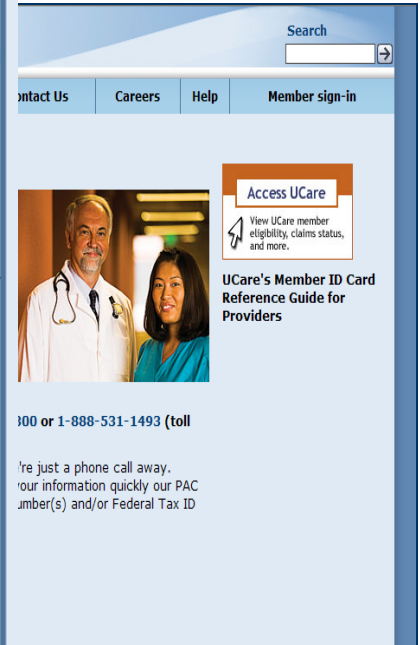
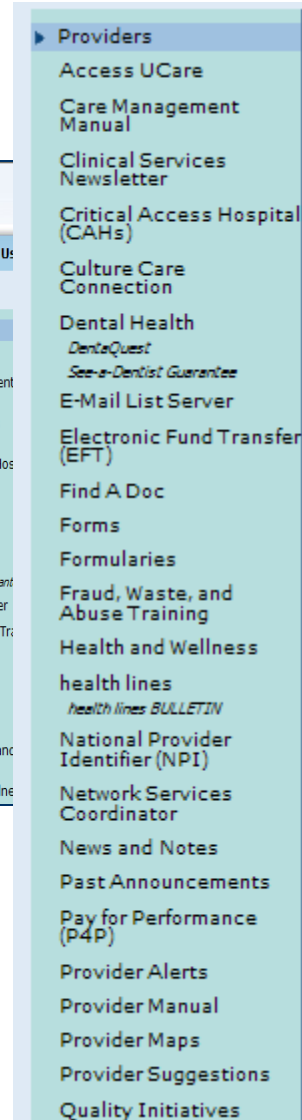
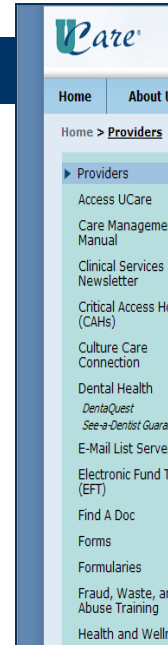


The screenshot shows the UCare website interface. At the top left is the UCare logo. To the right is a search bar with a search icon. Below the logo is a navigation menu with the following items: Home, About Us, Health Programs, Media, Contact Us, Careers, Help, and Member sign-in. The main content area is titled "Home > Providers". On the left side of the main content area is a sidebar menu with the following items: Providers (selected), Access UCare, Care Management Manual, Clinical Services Newsletter, Critical Access Hospitals (CAHs), Culture Care Connection, Dental Health, DentaQuest, See-a-Dentist Guarantee, E-Mail List Server, Electronic Fund Transfer (EFT), Find A Doc, Forms, Formularies, Fraud, Waste, and Abuse Training, and Health and Wellness. The main content area features a heading "UCare - Providers" followed by a paragraph: "Our Provider Network Management site is your resource for the latest UCare information, including our provider manual, authorization guidelines, and drug formulary. And we're proud to introduce **Access UCareSM**, our secure providers-only site. Use Access UCare to verify eligibility, search the provider network, and check the status of a claim or referral/authorization. **Access UCare User Guide**". To the right of this text is a photograph of a male doctor and a female nurse. Below the photograph is a box with the heading "Access UCare" and a mouse cursor icon, with the text "View UCare member eligibility, claims status, and more." Below this box is the heading "UCare's Member ID Card Reference Guide for Providers". At the bottom of the main content area is the text "Provider Assistance Center: 612-676-3300 or 1-888-531-1493 (toll free)" followed by a paragraph: "We can help answer your questions and we're just a phone call away. [Note: In order to identify you and locate your information quickly our PAC Representatives will ask you for your NPI Number(s) and/or Federal Tax ID Number(s).]" and a link "Click here to view past announcements".

Navigational Links

You'll be able to access information, such as:

- Access UCare
- Care Management Manual
- Clinical Services Newsletter
- CAH
- Culture Care Connection
- Dental Health
- E-mail List Server
- Electronic Fund Transfer
- Find A Doc
- Forms
- Formularies
- Fraud, Waste, and Abuse Training
- Health and Wellness
- health lines
- NPI
- Network Services Coordinator
- News and Notes
- Past Announcements
- Pay for Performance
- Provider Alerts
- Provider Manual
- Provider Maps
- Provider Suggestions
- Quality Initiatives
- Resources
- WebEx



Skilled Nursing Facility (SNF) Fact Sheets

- The SNF Fact Sheets are available online at www.ucare.org/providers/pages/resources.aspx
 - Therapy SNF Level Examples.
 - Care Coordinator and SNF Expectations.
 - SNF ‘In-Lieu-of’.
 - SNF Part B Billing.
 - SNF Pharmacy Billing.

Questions?

