



**UCare Clinical Services Department
Denial, Termination, or Reduction of Services
Member Notification Forms by Product
(Effective 1/1/2012)**

Product	Form	Issued When/By:	Type of Service	Notes
Medicare Advantage: <i>UCare for Seniors-MN;</i> <i>UCare for Seniors-WI</i>	NOMNC	Issued by SNF/CORF/HHA staff when ongoing services will be terminated; must be given at least 2 full days prior to date of SNF discharge or service termination. NOMNC notices do not need to be issued when a member is discharged to the hospital; is discharged to hospice; or leaves before skilled needs end.	Ongoing SNF/CORF/HHA services will be terminated because they do not meet coverage guidelines for skilled need.	UCare Complaints, Appeals and Grievances (CAG) contact information added to “Additional Information” section.
	DENC	Issued by SNF/CORF/HHA staff when the member does not agree with service termination and wants to appeal via fast track, using the QIO.	Ongoing SNF/CORF/HHA services terminated because they do not meet coverage guidelines for skilled need.	
	NDMC	Issued by Plan or Delegate when <ul style="list-style-type: none"> • A Medicare outpatient service is denied. • A behavioral health partial hospitalization is denied. • A non-covered behavioral health service is denied. Issued by SNF/CORF/HHA staff when	All Medicare outpatient services. Behavioral health partial hospitalizations (example: day treatment). Non-covered behavioral health services (example: chemical dependency halfway house). SNF/CORF/HHA services denied at	

		<ul style="list-style-type: none"> • Admission to SNF/CORF/HHA is denied at or prior to admission. • A member exhausts the 100 skilled days benefit in a facility. • There is a denial, reduction or termination of a Medicare service that does not conclude a skilled Medicare stay. 	or prior to admission; SNF/CORF/HHA services terminated because member exhausted 100 skilled days in a facility.	
Dual Special Needs Plan (DSNP): MSHO	NOMNC	<p>Issued by SNF/CORF/HHA staff when ongoing services will be terminated; must be given at least 2 full days prior to date of SNF discharge or service termination.</p> <p>NOMNC notices do not need to be issued when a member is discharged to the hospital; is discharged to hospice; or leaves before skilled needs end.</p>	Ongoing SNF/CORF/HHA services will be terminated because they do not meet coverage guidelines for skilled need.	<p>UCare CAG contact information added to “Additional Information” section.</p> <p>Stated in the “Additional Information” area on back: “Even though you no longer have a Medicare-covered skilled need, nursing facility services are still covered by UCare or by the Minnesota Department of Human Services”.</p>
	DENC	Issued by SNF/CORF/HHA staff when the member does not agree with termination and wants to appeal via fast track, using the QIO.	Ongoing SNF/CORF/HHA services terminated because they do not meet coverage guidelines for skilled need.	
	NDMC	<p>Issued by Plan or delegate when</p> <ul style="list-style-type: none"> • A Medicare-only outpatient service is denied. • A non-covered behavioral health service is denied. <p>Issued by SNF/CORF/HHA staff when</p> <ul style="list-style-type: none"> • Admission to SNF/CORF/HHA is denied at or prior to 	<p>Medicare-only outpatient services. (Abortion is the only service that does not fall into this category.)</p> <p>Non-covered behavioral health services</p> <p>SNF/CORF/HHA services being denied at or prior to admission; SNF/CORF/HHA services</p>	Need to manually add to the free text area (“We denied this request

<p>Dual Special Needs Plan (DSNP): MSHO-cont.</p>		<p>admission.</p> <ul style="list-style-type: none"> • A member exhausts the 100 skilled days benefit in a facility. • There is a denial, reduction, or termination of a Medicare service that does not conclude a skilled Medicare stay. 	<p>terminated because member exhausted 100 skilled days in a facility.</p>	<p>because” section): “You have exhausted 100 Medicare-covered skilled days. Unskilled nursing facility services are still covered by UCare or by the Minnesota Department of Human Services.”</p>
	<p>Integrated DTR-MSHO</p> <p>DD U3129 (12/11)</p>	<p>Issued when:</p> <ul style="list-style-type: none"> • The service being denied is a Medicare and Medicaid benefit. 	<ul style="list-style-type: none"> • All services except Waiver Service, PCA, and Mental Health Targeted Case Management (MH-TCM). (See Non-Integrated DTR-DSNP sections). • Home Care (includes home health aide, SNV, PT, OT, ST). • DME.* • Central Air Conditioning.* • Outpatient Mental Health. • Inpatient Mental Health. • Chemical Dependency Residential Treatment. • Outpatient Chemical Dependency (treatment with or without room & board). 	<p>*It is better to issue the integrated letter on any service request that potentially could be covered or requested for medical necessity. If in doubt, issue the integrated letter.</p>
	<p>Non-Integrated DTR-MSHO</p> <p>DT U2635B (11/11) & U2609B (11/11)</p>	<p>Issued when:</p> <ul style="list-style-type: none"> • The service being denied is a Medicaid-only benefit <u>and it is not PCA or Mental Health Targeted Case Management (MH-TCM).</u> 	<ul style="list-style-type: none"> • Waiver Services.** • Private Duty Nursing (PDN). • IRTS (Intensive Residential Treatment Services). • Crisis Residential. • Chemical Dependency Halfway House. • Day Treatment. • Chemical Dependency 	<p>**If service is specifically a contracted waiver service, use non-integrated letter. If service is something that “could be” put under the waiver, (e.g., extended DME), use integrated letter.</p>

			<p>Methadone Treatment.</p> <ul style="list-style-type: none"> Children’s Therapeutic Services and Supports (CTSS). 	
Dual Special Needs Plan (DSNP): MSHO, cont.	<p>Non-Integrated DTR-MSHO <u>PCA Service</u></p> <p>PN U2635B (11/11) & U3959B (12/11)</p>	<p>Issued when:</p> <ul style="list-style-type: none"> The service being denied is PCA. The member is a Medicaid-only member in a dual product. 	<ul style="list-style-type: none"> PCA. 	<p>There is a specific member rights document for PCA services.</p>
	<p>Non-Integrated DTR-MSHO <u>MH-TCM</u></p> <p>TZ U2635B (11/11) & U4071B (11/11)</p>	<p>Issued when:</p> <ul style="list-style-type: none"> The service being denied or terminated is Mental Health Targeted Case Management (MH-TCM). The member is a Medicaid-only member in a dual product. 	<ul style="list-style-type: none"> Mental Health Targeted Case Management (MH-TCM). 	<p>There is a specific member rights document for MH-TCM.</p>
State Public Program (SPP) Products: PMAP; MinnesotaCare; MSC+	<p>Non-Integrated DTR-SPP</p> <p>DP U2635A (11/11) & U2609A (11/11)</p>	<p>All service denials, terminations or reductions <u>except for PCA and MH-TCM</u>. (See below.)</p>	<ul style="list-style-type: none"> All services except PCA and MH-TCM. (See below.) 	<p>The State Public Programs version of the non-integrated DTR letter has different Customer Services phone numbers and hours of operation (from the DSNP non-integrated DTR letter.)</p>
	<p>Non-Integrated DTR-SPP <u>PCA Service</u></p> <p>PS U2635A (11/11) & U3959B (12/11)</p>	<p>Issued when:</p> <ul style="list-style-type: none"> The service being denied is PCA. 	<ul style="list-style-type: none"> PCA. 	<p>There is a specific member rights document for PCA services.</p>

State Public Program (SPP) Products: PMAP; MinnesotaCare; MSC+, cont.	Non-Integrated DTR-SPP <u>MH-TCM</u> TS U2635B (11/11) & U4071B (11/11)	Issued when: <ul style="list-style-type: none"> The service being denied or terminated is Mental Health Targeted Case Management (MH-TCM). 	<ul style="list-style-type: none"> Mental Health Targeted Case Management (MH-TCM). 	There is a specific member rights document for MH-TCM.
Connect	Non-Integrated DTR-Connect DW U2635C (11/11) & U2609C (11/11)	All service denials, terminations or reductions <u>except for PCA (NA for Connect) and MH-TCM.</u>	<ul style="list-style-type: none"> All services except PCA (NA for Connect) and MH-TCM. (See below.) 	The Connect version of the non-integrated DTR letter has its own Customer Services phone numbers.
Connect	Non-Integrated DTR-Connect <u>MH-TCM</u> TW U2635C (11/11) & U4071B (11/11)	Issued when: <ul style="list-style-type: none"> The service being denied or terminated is Mental Health Targeted Case Management (MH-TCM). 	<ul style="list-style-type: none"> Mental Health Targeted Case Management (MH-TCM). 	There is a specific member rights document for MH-TCM.