2013 Highlights for Nursing Facilities

Updated Jan. 9, 2013
Housekeeping

- All attendees are automatically on “mute” – we can’t hear you.
- Slides and a recording of the session will remain available on the Provider Training page.
- If you have questions, use the chat box or send email to ProviderEvents@UCare.org and we will get your question to the right person.
- A short survey will pop up after you leave today’s session. Please give us your thoughts!
Topics

- Update on Medicare RUG rate transition
- Overview of SNF coverage for all UCare health plans
- Tips to ease your authorization & claims experience
Many of your organizations have already been moved to the RUG rates (this does not remove the need for authorization and ongoing review).

We are actively working on transitioning the remaining organizations – soon, all nursing facilities in the UCare network will be using RUG rates.

One way this simplifies your work – no more need to send therapy minutes / logs. Most other processes remain the same (therapy progress towards goals etc. are still required).
How many days of SNF and NF care does each UCare plan cover?
Skilled Nursing Facility coverage
(at a glance – See Provider Manual for details)

<table>
<thead>
<tr>
<th></th>
<th>UCare for Seniors</th>
<th>UCare’s MSHO</th>
<th>MSC Plus</th>
<th>UCare Connect</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNF days per benefit period</td>
<td>100</td>
<td>180 combined SNF &amp; NF days</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NF days per benefit period</td>
<td>0</td>
<td>180 day separation period</td>
<td>180</td>
<td>100</td>
</tr>
<tr>
<td>Benefit period re-starts after</td>
<td>60 consecutive</td>
<td>180 day separation period</td>
<td>180 day</td>
<td>180 day</td>
</tr>
<tr>
<td></td>
<td>days with no</td>
<td>separation period (living in the</td>
<td>separation</td>
<td>separation</td>
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<td></td>
<td>inpatient or</td>
<td>community)</td>
<td>period</td>
<td>period</td>
</tr>
<tr>
<td></td>
<td>SNF care</td>
<td></td>
<td>period</td>
<td>(living in the</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>community)</td>
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</tbody>
</table>

Updated Jan. 9, 2013 | Slide 6
### Detail on UCare’s MSHO coverage

- Coverage is up to 180 NF days per benefit period, and up to 100 SNF days per benefit period.
- Any SNF days count against the 180 NF days.

<table>
<thead>
<tr>
<th>Skilled (SNF) Days Used</th>
<th>Non-Skilled Days (NF) Used</th>
<th>Total Used</th>
<th>UCare responsible for more NF days?</th>
<th>UCare responsible for more SNF days?</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>80</td>
<td>180</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>0</td>
<td>180</td>
<td>180</td>
<td>No</td>
<td>Yes – up to 100 more</td>
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<tr>
<td>90</td>
<td>90</td>
<td>180</td>
<td>No</td>
<td>Yes – up to 10 more</td>
</tr>
<tr>
<td>20</td>
<td>160</td>
<td>180</td>
<td>No</td>
<td>Yes – up to 80 more</td>
</tr>
</tbody>
</table>

Coverage is up to 180 NF days per benefit period, and up to 100 SNF days per benefit period. Any SNF days count against the 180 NF days.
2013 changes in UCare for Seniors
cost-sharing for members – SNF care

- **All Wisconsin UCare for Seniors plans:**
  - Days 1-10: 10% co-insurance
  - Days 11-100: No co-pay or co-insurance

- **In Minnesota,** this applies only to the new UCare for Seniors Essentials Rx plan.
  - The other Minnesota UCare for Seniors plans have no changes in cost-sharing for 2013.

- Members with co-insurance are likely to ask about daily rates, to anticipate their cost share.
Working with UCare on authorizations
Nursing Home Admission Form

Save time by avoiding common errors

Provide the contact name & phone for the staff member UCare will be working with.

Use the primary diagnosis (showing the reason nursing care is needed)

Don’t skip any of the blank fields on the form (if there was no hospitalization prior to admission, you can write NA in the last 5 blanks)

Updated Jan. 9, 2013 | Slide 10
In essence, UCare or our authorized delegates need to authorize every SNF stay, whether preceded by hospitalization or not.

Send the supporting documentation – don’t wait for UCare to call and request it.

Updated Jan. 9, 2013 | Slide 11
New admissions:
Coverage is not automatic

- If the need for skilled care does not meet what Medicare would cover, UCare will likely not cover it. (Exception: 3-day inpatient requirement – more on this later.)

- If in doubt, deliver a denial notice right away to the member and/or the member’s authorized representative.
Denial forms

- UCare has customized forms, ready for you to complete.
- Note the different versions of the Notice of Medicare Non-Coverage (NOMNC) for:
  - UCare for Seniors – Wisconsin
  - UCare for Seniors – Minnesota
  - UCare’s MSHO
- The Notice of Denial of Medicare Coverage (NDMC) and the Detailed Explanation of Non-Coverage (DENC) are the same for all 3 of these plans.
- Find all denial forms in the Provider Manual, Chapter 7: Nursing Facilities.
Authorization: UCare vs. Original Medicare

- Original Medicare standard: 3 days of inpatient hospital care allows for up to 5 days of SNF coverage (presumption of coverage).
- UCare standard: Every SNF stay needs authorization, whether or not preceded by hospitalization.
- UCare’s requirements for SNF authorization are based upon the level of care needed following an injury, illness or exacerbation within the past 30 days.
  - The member must require daily, medically necessary skilled care and/or skilled rehabilitative care that is directly related to the presenting condition or illness.
  - There must be an expectation of improvement from the medical or rehab interventions within a predictable period of time.
UCare standard for Skilled Nursing coverage under Medicare Part A

- To be eligible for SNF room and board coverage, the member must have SNF Part A days available, and must meet one of the following:
  - A community member goes to a clinic, ER, or urgent setting; or is admitted to an inpatient hospital, and a physician certifies that member requires ongoing skilled care/observation/monitoring that cannot be safely or practically provided in the home or in an outpatient setting.
  - OR:
    - Is a long-term care resident experiencing an acute illness or exacerbation of a chronic condition that a physician has determined would meet criteria for an inpatient admission, but has determined that care can be provided safely in the SNF.

- In both cases, coverage would be authorized only for the period of time that the member requires skilled care that meets coverage criteria.

- All SNF admissions, whether or not preceded by hospitalization, must be authorized by UCare or our delegated entity.
Examples that would NOT typically lead to an authorized SNF stay

- A member needing more care than the family or assisted living staff can provide (custodial care).
- When a caregiver is admitted for medically necessary skilled nursing care – the spouse cannot be admitted for skilled nursing care just because the caregiver is missing from the home. That would be custodial care.
- We are looking for the need for skilled nursing care for each individual being admitted, as defined in Medicare policy.
Skilled care vs. custodial care

- If the needed care can be safely delivered by the patient, family, or other unlicensed personnel, it is typically considered custodial care, and is not considered a reason for skilled nursing care.
The focus of skilled nursing care is on getting the person ready to return to their prior level of function whenever possible.

At the time of admission, map out the expected length of stay and schedule the needed education and logistics.

Examples – If the person will go to assisted living, which days of the week does the facility accept people returning from SNF? If there will likely be a need for home care services, begin contacting the home care agencies and UCare to determine available benefits.
Simplify your working relationship with UCare

- Have a treatment plan developed within 2 days of admission.
- Have available the daily documentation of treatment and response to interventions, with progress toward goals.
- Update UCare at least weekly, or more frequently if conditions change.
- Complete a therapy evaluation within 24 hours of admission.
- Provide a single point of contact on the Admission Form—the contact should be the person that the UCare Utilization Review Specialist will work with.
- Give us the best method to reach that person (email, fax).
UCare resources for nursing facilities
ucare.org/providers

Resources & Training

NEWS: 2013 Update Sessions Now Available
Find a session and register for online training.

Resources for...
Primary Care & Specialty Clinics
Hospitals
Mental Health & Chemical Dependency
Nursing Facilities
Home and Community Based Services (including Adult Day Services)
Home Care (including PCA)
Transportation & Interpreters
SEATS Partners (Car Seat Program)

UCare Provider Manual
UCare.org/providers/providers-manual
Let us know what other resources would be helpful on this page

Resources for Nursing Facilities

- Nursing Home Admission, Change, Discharge Notification Form

Denial Forms | UCare for Seniors

- NOMNC - Notice of Medicare Non-Coverage (Advance Notice): Minnesota | Wisconsin | Instructions
- NOMNC Valid Delivery Documentation Form: Minnesota | Wisconsin
- DENC - Detailed Explanation of Non-Coverage Form
- NDMC - Notice of Denial of Medical Coverage Form

Denial Forms | UCare's MSHO

- NOMNC - Notice of Medicare Non-Coverage (NOMNC) Form ("Advance Notice") | Instructions
- NOMNC Valid Delivery Documentation Form - MINNESOTA
- DENC - Detailed Explanation of Non-Coverage (DENC) Form ("Detailed Notice")
- NDMC - Notice of Denial of Medical Coverage (NDMC) Form

Skilled Nursing Facility Fact Sheets

- Pharmacy Billing Information added 1/2/13
- Therapy Level Examples
- Care Coordinator and Skilled Nursing Facility Expectations
- 'In-Lieu-of-Hospitalization' Days
- Part B Billing
Questions?