



Nursing Home/Swing Bed Admission Notification

UCare Medicare, EssentiaCare, UCare Medicare with M Health Fairview & North Memorial

UCare Individual & Family Plan, UCare Individual & Family Plan with M Health Fairview

Fax to UCare: (612) 884-2499 or (866) 610-7215

Please submit this form to UCare upon admission, discharge and whenever there is an update or change within 24 hrs.

Today's date _____	Date of Admission to Nursing Home _____
Member Name _____	UCare Mbr ID# 00 _____
Member DOB _____	Primary Care Clinic _____
Facility Name _____	Facility Provider ID # NH _____
Facility Contact Name _____	Facility Contact Phone # _____
Facility Contact Fax # _____	Admit Diagnosis (ICD10) _____
Additional Diagnosis _____	
Admit from: Community ____ Nursing Home Resident ____	Hospital ____
Hospital Admit Date _____	Hospital D/C Date _____
Name of Hospital _____	
Discharge Diagnosis Codes/Descriptions _____	

Check UCare Product:	
UCare Medicare Plan	UCare Individual & Family Plan
UCare Medicare Plan with M Health Fairview & North Memorial	UCare Individual & Family Plan with M Health Fairview
EssentiaCare	

Reason Code:	1. Initial Admission	6. Discharge Home	11. 'Other' please specify
	2. Category Change	7. Discharge to Hospital	<u>PLEASE NOTE ONLY UCARE OR UCARE AUTHORIZED ENTITIES MAY APPROVE WAIVER OF 3 DAY STAY</u>
	3. Readmission	8. Member Expired	
	4. End of Benefit	9. Transferred to another SNF	
	5. Notice of Non Coverage or NONMC Given	10. Discharge Part A, remain in same SNF	

Admission (A) Update (U)	Change (C) Discharge (D)^	Effective Date Change/Update	Reason Code

^Discharged to another facility (Hospital/SNF) - _____
name of facility

Include the following: Intake Assessment, therapy evaluation/notes, discharge summary and copy of NONMC or NDMC if applicable.

Please use Nursing Facility Communication Form (DHS-4461 form) for MSHO, MSC+, Connect + Medicare and Connect(SNBC) Products