

Authorization changes for Skilled Nursing and Home Health Aide Services Effective Jan. 1, 2016

Effective January 1st 2016, UCare made the following changes to **Skilled Nursing Visits** and **Home Health Aide Visits** authorizations requirements:

UCare Product	2015 Requirement	2016 Requirement
Minnesota Senior Health Options (UCare's MSHO)	Authorization required after 15 th visit	All visits require notification
Minnesota Senior Care Plus (MSC+)	Authorization required after 15 th visit	All visits require notification
Prepaid Medical Assistance Program (PMAP)	Authorization required after 15 th visit	All visits require notification
MinnesotaCare (MnCare)	Authorization required after 15 th visit	All visits require notification
UCare for Seniors (UFS)	Authorization required after 15 th visit	All visits require notification
<i>EssentiaCare</i> –new product for 2016		All visits require notification

Frequently Asked Questions about Authorization Changes

Why did UCare make these changes?

Each year, UCare evaluates past year's performance, authorization data, approval/denial rates and provider and member satisfaction survey results. We appreciate the feedback provided and make changes whenever possible. In order to reduce the administration burden of sending multiple pages of home care visit notes and care plans, we ask that you provide us with only a notification of the visits you intend to provide.

We have obligations to coordinate care, monitor elderly waiver budgets, and manage transitions of care; therefore, we cannot remove all requirements.

What is the difference between a notification and an authorization?

A notification does not require a clinical review and clinical documentation does not need to accompany the documentation.

What does the home care agency need to submit for a notification?

The agency should submit the UCare Skilled Nursing/Home Health Aide Visit Request Form (link to form) and complete the required fields. No additional attachments are required. The procedure & ICD-10 codes, dates of service and units are required in order for the claim to process appropriately.

Is a physician or nurse practitioner order still required for skilled nursing and home health aide services?

Yes – all Medicaid and/or Medicare home care eligibility requirements must be met according to the member’s coverage. Order records must be kept on file and are subject to audit per your provider participation agreement.

What if I do not obtain a notification or I am missing dates or units?

The claims for those dates of service may deny for missing notification. To retroactively obtain or correct a notification record, you will need to contact the Provider Assistant Center or review the instructions in the Provider Manual regarding submission of a claims adjustment request.

Do I have to submit a notification for ‘each visit’ or can I submit a notification for several months of visits?

We will accept a request for up to 6 months depending upon the member’s benefits and eligibility for services. Please remember dual-eligible programs like MSHO have Medicare and Medicaid level benefits. You must contact us when the member changes from one level to the other to ensure future claims process appropriately. The notifications will be entered for the dates and service requested. It is the home care agency’s responsibility to notify us when there is a change in the members’ condition.

No changes were made to the authorization requirements for UCare Connect, Fairview UCare Choices and UCare Choices.

Authorizations, including all supporting documentation, are required for skilled nursing and home health aide visits. Our Clinical Services Utilization Review Nursing Team will review home care requests for these two programs and apply medical necessity requirements.

Please review the [UCare Connect Home Care Tip Sheet](#) and the [Home Care Service Authorization Process](#) documents for more detailed information on the UCare Connect home care authorization process.

Fairview UCare Choices and UCare Choices Products are individual marketplace programs. The requirements for home care coverage under these programs follow Medicare requirements.

Questions?

If you have additional questions, please contact the Provider Assistance Center at 612-676-3300 or 1-888-531-1493