

Tips and Reminders Regarding Nursing Facility Liability Letters

UCare is responsible for services covered under the first:

- 100 Day Skilled Nursing Facility/Nursing Facility benefit period for UCare Connect and UCare Connect+ Medicare plans
- 180 Day Skilled Nursing Facility/Nursing Facility benefit period for Minnesota Senior Care Plus and Minnesota Senior Health Options plans

After **all** the first 100/180 day **claims are paid**, UCare notifies the Minnesota Department of Human Services (DHS) with the Nursing Home Liability Letter.

Here are some helpful tips and reminders for this process:

- *Liability Notification Letters are faxed to DHS after the last claim's payment has been finalized.* Pending claims will not generate the notification letter.
- *During the 100/180 day period, more than one provider can be involved.* Although all of your facility's claims have paid, UCare is required to have all claims paid for the entire 100/180 day period before notifying DHS. If another facility's claims have not been paid, the liability notification letter will not be submitted to DHS.
- *Claims must follow UCare's Timely Filing Policy.* Initial claims must be received no later than 12 months after the date of covered services in a format approved by UCare and in compliance with state and federal law.
- *UCare will follow DHS requirements for the Nursing Facility Communication Form (DHS 4461).* This form must be initiated by the Nursing Facility and submitted to UCare. UCare will then provide documentation to DHS demonstrating we have paid for the first 100/180 days.

This form is required for these products: Minnesota Senior Health Options, Minnesota Senior Care Plus and Special Needs BasicCare.

The form can be found on UCare's [Provider Manual and Resources web page](#), under *Resources for Nursing Facilities*.

- *When requesting a prior authorization...* Please be sure to include Medicaid RUGS (Resource Utilization Group) details to ensure accurate and timely payments. UCare's Authorization & Notification Standards can be found in the UCare Provider Manual. Authorization Grids are available on UCare's [Eligibility and Authorization web page](#).
- *Submit a retrospective authorization request when a claim denies for not inpatient certification.* Use the *Provider Claim Reconsideration Request* form, located on the [Claims and Billing web page](#), under *Forms & Links*.

Who to call with questions

Please direct your questions to the appropriate resource based on your need:

UCare Provider Assistance Center

- Claim Denials
- Claim Payment Inquiries
- Retro Authorization Process Questions
- Retro Authorization Status Checks
- Copies of Nursing Facility Liability Letter

Your delegated authorizing entity

- Approved Prior Authorizations Inquiries or Updates
- Medicaid RUGS Updates
- Leave Of Absence Day Notifications

If you have additional questions on this process, contact UCare's Provider Assistance Center at 612-676-3300 or 1-888-531-1493, Monday through Friday, 8 a.m. to 5 p.m.