

Provider Bulletin



News and Information

Jan. 22, 2025

Tips and reminders regarding Nursing Facility Liability Letters

UCare is responsible for services covered under the first:

- 100-day skilled nursing facility or nursing facility benefit period for UCare Connect and UCare Connect + Medicare plans
- 180-day nursing facility benefit period inclusive of the 100-day skilled nursing benefit for Minnesota Senior Care Plus (MSC+) and UCare's Minnesota Senior Health Options (MSHO) plans

After **all 100- or 180-day claims are paid for all facilities** (skilled nursing facilities or nursing facilities), UCare notifies the Minnesota Department of Human Services (DHS) with the Nursing Home Liability Letter.

Information about the Nursing Facility Liability Letters process

- Liability Notification Letters are faxed to DHS after the last claim payment has been finalized. Pending or denied claims will not generate the notification letter.
- During the 100- or 180-day period, more than one provider can be involved. UCare is required to have **all claims** paid for the entire 100- or 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 six 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 Communications Form \(DHS 4461\)](#). Please inform UCare of any changes in member status, such as alphabetical Resources Utilization Group (RUG) updates, leave of absence or discharge from the facility by submitting an updated [Nursing Facility Communication Form \(DHS 4461\)](#). The link to this form can be found on UCare's [Policies & Resources](#) webpage under Clinical Support Resources.
- When requesting a prior authorization, please check MN-ITS to verify if UCare is responsible for Nursing Facility Services (this information is under Prepaid Health Plans). Be sure to include Alphabetical Medicaid RUG 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 [Authorization](#) webpage.
- Submit a retrospective (retro) authorization request when a claim denies for no inpatient certification. Use the Provider Claim Reconsideration Request form, located on the [Claims & Billing](#) webpage, under Forms & Links.

Who to contact with questions

UCare Provider Assistance Center	UCare Utilization Review Medical Team
Claim denials	Approved prior authorization inquiries or updates
Claim payment inquiries	Medicaid RUG updates
Retro authorization process questions	Leave of Absence Day Notifications
Retro authorization status checks	
Copies of Nursing Facility Liability Letter	

For questions on this process, contact UCare's Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll-free, Monday through Friday, 8 am to 5 pm.