Clear Form

LTAC/ AIR ADMISSION NOTIFICATION FORM

FYI: Please submit this form to UCare upon admission, discharge and whenever there is an update or change within 24 hours. Failure to provide required documentation may result in denial of the request.

For questions call: 612-676-3300 or 1-888-531-1493

Admission: Fax form and relevant clinical documentation to: 612-884-2499

Concurrent Review: Fax form and relevant clinical documentation to: 612-884-2247

E-Mail: HCM_Fax@ucare.org

UCare's Secure E-mail Site

ADMISSION:	
☐ Acute Rehab Inpatient	☐ Long-term Acute Care Hospitals
Today's Date:	Date of Admission:

PATIENT INFORMATION:		
Name:		
Date of Birth:	Member ID:	
Address:		
City:	State:	Zip Code:
Phone:		

UCARE PLAN:	
☐ UCare Medicare Plan	☐ EssentiaCare
☐ MSHO	☐ UCare Individual & Family Plan
☐ Medicare + Connect (SNBC)	☐ UCare Individual & Family Plan w/ M health Fairview
☐ MSC +	☐ UCare Medicare Plan w/ M Health Fairview & North Memorial

ORDERING PRACTITIONER INFORMATION:		
Practitioner Name:	ID/ NPI Number:	
Address:		
City:	State:	Zip Code:
Phone:	Fax:	

ORDERING FACILITY INFORMATION:			
Hospital Name:			
Hospital Admissions Date:		Hospital Discharge Date:	
Admission Diagnosis (ICD-10) Codes* must be billable code(s)			

ADMITTING FACILITY INFORMATION:		
Facility Name:		
Facility NPI Number:		
Facility Address:		
City:	State:	Zip Code:
Phone:	Fax:	

CONTACT PERSON FOR QUESTIONS:			
☐ Admitting Facility		☐ Ordering Facility	
Name:			
Phone:		Fax:	
Email:			
Preferred Method of Contact:	☐ Phone	☐ Fax	☐ Email

REASON FOR REQUEST:
☐ Authorization Request
☐ Benefit Exception
☐ Notification
☐ Out of Network Provider Requesting Network Exception
☐ Pre-Admission/ Pre-Determination

INPATIENT ADMISSION GUIDELINES:

Providers are required to notify UCare of all inpatient admissions. Some admissions require prior authorization to determine coverage and some admissions require notification only. All admissions must be medically necessary.

Please submit request within 24 hours of admission.

Once the member has been discharged, please notify us of the discharge date.

- Discharge information can be faxed to: 612-884-2247 or email to: SNF_Fax@ucare.org

Documentation requirements:
In addition to completing the previous sections of this form, kindly attach documentation that supports the medical necessity of this request. Documentation should include:

- **History & Physical Discharge Summary (if available)**
- **Clinical Progress Notes (for concurrent requests)**
- **Medication List**
- **Therapy notes, including level of participation (evaluation and last progress notes)**

Concurrent review:
An ongoing review during the member's stay, to ensure that the continued stay meets established medical necessity criteria. Facility providers are required to submit a concurrent review request when additional days are needed.