SKILLED NURSING HOME/SWING BED PREADMISSION/ADMISSION REQUEST FORM

Reset Form

FYI: Please submit this form to UCare upon preadmission, admission, discharge and whenever there is an update or change within 24 hours. ***Incomplete, illegible or inaccurate forms will be returned to the sender***. Please complete the entire form and submit documentation to support medical necessity along with this request. Failure to provide required documentation may result in denial of the request. Review our provider manual criteria references. ***Include the following*:** Admission Assessment, therapy evaluations/ notes, discharge summary and copy of NONMC or NDMC if applicable.

For questions call: 612-676-3300 or 1-888-531-1493	
Admissions: Fax form and relevant clinical documentation to: 612-884-2499	**Concurrent Review:** Fax form and relevant clinical documentation to: 612-884-2247
Email: HCM_Fax@ucare.org	**Email:** SNF_fax@ucare.org

PREADMISSION / ADMISSION: ☐ **Skilled Nursing Home**	☐ **Swing Bed**
☐ Preadmission	☐ Concurrent
☐ Admission	Today's Date:
Date of Admission:	Expected Date of Admission:

PATIENT INFORMATION:		
Name:		
Date of Birth:	Member ID:	
Address:		
City:	State:	Zip Code:
Phone:		
Member Product (required)*:		

***This form can only be used for UCare Medicare Plans, Minnesota Senior Health Options (MSHO) and Connect + Medicare**

ADMITTING FROM FACILITY INFORMATION:			
Admission from:	☐Community	☐Hospital	☐ Lives in Nursing Home
Hospital Admission Date:		Hospital Discharge Date:	
Name of Hospital:			
Primary Admission Diagnosis (ICD-10) Code:			

ADMITTING TO FACILITY INFORMATION: ☐ **CONTRACTED** ☐ **NON-CONTRACTED**	
Facility Name:	Facility NPI # (required)*:
Address:	
Phone:	

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

REASON FOR AUTHORIZATION REQUEST (SELECT ONE):
☐Authorization/ Notification Request
☐Benefit Exception:
☐Out of Network Provider Requesting Network Exception

Admission/ Change/ Update/ Discharge:	**Effective Date of Change/ Update:**	**Reason Codes:**

REASON CODES:

1. Preadmission
2. Initial Admission
3. Discharge (Home)
4. Discharge (Hospital)
5. Discharge (Death)
6. Hospice (non-covered)
7. Readmission (Hospital back to SNF)
8. Transfer from another SNF
9. Other Healthcare Facility
10. Change in Medicare qualified stay/end of benefit (last covered day)