

Nursing Home Communication Form

For use with SecureBlue, SeniorCareComplete, AbilityCare, and CareBlue only

Fax to 651-662-6054 or 866-800-1665

Submit this form within 24 hours of admission, discharge, or change in status for members in nursing facilities or swing beds.

DHS form 1503, must also be submitted to the member's county financial worker if this is a long term placement

Member Name _____		Date _____	
Member ID _____		Member DOB _____	
Product Type (check one)	<input type="checkbox"/> SNBC: AbilityCare (SCHA)	Date of Initial Admission _____	
	<input type="checkbox"/> SNBC: CareBlue (BCBSM)	to this facility _____	
	<input type="checkbox"/> MSHO: SecureBlue (BCBSM)	Admit Diagnosis/ICD9# _____	
	<input type="checkbox"/> MSHO: SeniorCare Complete (SCHA)	_____	
Facility Name _____		BC Provider # _____	
Facility Contact _____		County _____	NPI# _____
Facility Phone # _____		Facility Fax # _____	

Reason Code:

- | | | |
|--|---|-------------------------------------|
| 1. Initial Admission-skilled | 6. Discharge Home | 11. Bed Hold Days – Medical |
| 2. Initial Admission-non skilled | 7. Discharge to Hospital | 12. Bed Hold Days – Therapeutic |
| 3. Readmission – (a.) Skilled (b.) Non-skilled | 8. Member Expired | 13. ISD – Intensive Service Days** |
| 4. End of Health Plan Liability. Notify DHS. | 9. Discharge to another SNF | 14. Swing Bed Days |
| 5. Change from Non-Skilled to Skilled Status | 10. Change from Skilled to Non-Skilled Status | 15. Private room, medically needed* |
| | | 16. Other (Identify in "Notes") |

* Private rooms that are medically needed do not require prior authorization; notification is required.

** Prior authorization of ISD days is required. Please call 651-662-5540 or 800-711-9868 for authorization.

Admission (A) Change (C) Discharge (D)	Effective Date of New Status	Reason Code(s)	DX for New Status	Inpatient Hospital Admission?		# of Skilled Days Used in the Nursing Facility	# of Non – Skilled Days Used 180 days MSHO 100 days SNBC
				Y/N	# of days		

Notes: _____

For Health Plan use only			
Date Rec'd	# of qualifying days	Return to Facility Date	Initial

End of Health Plan liability for non-skilled days Health Plan faxes form to DHS at (651) 431-7426 and to NF	Liability ends	Initial	Faxed

ALL fields are required. If not completed this Notification Form could be considered incomplete and may not be entered into the claim payment system. This will result in delays to claims processing.

Nursing Home Communication Form Instructions

SecureBlue, SeniorCareComplete, AbilityCare, and CareBlue: Check appropriate box.

General Information: (Member name, ID number, DOB, Facility Name, Contact Person, Facility Contact Phone number, BC Provider ID, County the NH is in, Fax #) It is important to include your fax number and phone number so if we have questions we can contact you in a timely manner.

Admission information: Date of Initial Admission - when the member was *first admitted to the nursing facility (NF)*. Admitting Diagnosis- please use ICD-9 code and description.

Admission (A), Change (C), Discharge (D):

- Admission (A) is the day the member was admitted, transferred, readmitted to your facility.
- Change (C) is when the member has had a change in medical condition resulting in change from skilled care to non-skilled care or vice versa. This does not mean a change in the level of skill.
- Discharge (D) is used if the member went home, expired, transferred to the hospital or to another SNF.

Effective Date: Date the Admission, Change, or Discharge takes place.

Reason Code: List the reason why the member's current status is being changed in some way. Blue Cross needs to track the Medicare, Medicaid, and bed hold days while the member is in the NF. Multiple Reason Codes may be necessary.

* Private rooms that are medically needed do not require prior authorization; however, notification via the NH Communication Form is required to facilitate claims payment.

** Intensive Service Days must be prior authorized by Blue Cross. ISD days allow the SNF to increase the member's level of care in order to prevent hospitalization.

Diagnosis for New Status: Document the member's diagnosis for the status (skilled/non-skilled) being reported.

Inpatient Admission: Is there an inpatient hospital admission associated with this nursing facility stay? If so, how many days was the member inpatient? Inpatient admissions are considered when calculating a 60 day break to determine a new skilled benefit period.

of skilled days used: Document the number of Medicare skilled days used since admission or during the current skilled episode.

of non-skilled days used: Document the number of Medicaid/custodial days used (this is in conjunction with the Medicare days). MSHO products have health plan coverage for a total of 180 days skilled and/or non-skilled days. SNBC products have health plan coverage for a total of 100 days skilled and/or non-skilled days. The Department of Human Services retains liability for non-skilled days for members who are receiving nursing facility services prior to the member's health plan effective date.

NOTE: The appropriate Medicare RUG Code must be submitted on your claim form when billing for skilled services. These codes do not need to be documented on the Nursing Home Communication Forms.

If you have any claims-related questions, contact Provider Service at (651) 662-5200 or 1-800-262-0820.

If you have any questions related to the NH Communication Form, contact the Integrated Health Management – Government Programs Department at 651-662-6054 or 1-800-711-9868

***** This form is for SecureBlue, SeniorCareComplete, AbilityCare, and CareBlue only *****

**Please continue to use the PMAP Communication Form
for PMAP, MN Senior Care, and MN Senior Care + members.**