

# Prior Authorization for Post-Acute Inpatient Care Required for Medicare Advantage Benefit Plans



Effective Jan. 1, 2019, UnitedHealthcare Medicare Advantage Benefit Plans including UnitedHealthcare Dual Complete and UnitedHealthcare Connected - TX (Medicare-Medicaid Plan) will require prior authorization for post-acute inpatient services.

Changes to prior authorization requirements are part of UnitedHealthcare's ongoing responsibility to evaluate our medical policies, clinical programs and health benefits compared to the latest scientific evidence and specialty society guidance. Using evidence-based medicine to guide coverage decisions supports quality patient care and reflects our shared commitment to the Triple Aim of better care, better health outcomes and lower costs.

## What this means to you

Please know that facilities providing post-acute inpatient services will now need to request prior authorization for these services, and receive a determination rendered by UnitedHealthcare before a UnitedHealthcare Medicare Advantage member is admitted to a facility or a post-acute care bed within a facility. Payment to the service provider may be denied if this important step is not taken. Facilities that may provide post-acute inpatient services include:

- Acute inpatient rehabilitation (AIR) facilities
- Long-term acute care (LTAC) hospitals
- Skilled nursing facilities (SNF)
- Critical access hospitals
- Acute care hospitals

For your convenience, prior authorization for post-acute inpatient services can be initiated in the following ways:

- **Online:** Look for the Prior Authorization and Notification app on Link by going to [UHCprovider.com](https://UHCprovider.com) and clicking on the Link button in the top right corner. Then, just select the Prior Authorization and Notification app tile on your Link dashboard. Or,
- **Phone:** If you are having trouble accessing the app, please call Provider Services at **877-842-3210**.

UnitedHealthcare Community Plan is the trade name of UnitedHealthcare Insurance Company in the Texas Health and Human Services Commission's STAR+PLUS Central and Northeast Medicaid Rural Service Areas. UnitedHealthcare Community Plan is the trade name of UnitedHealthcare Community Plan of Texas LLC in the following service delivery areas: Jefferson, Harris, Hidalgo, Nueces and Travis.

Admission notification requirements continue to apply as they have, and will not be changing as a result of this new prior authorization requirement. To that end, thank you for continuing to notify UnitedHealthcare of post- acute inpatient admissions in accordance with our protocols.

Once prior authorization is requested, our nurse and physician team will review clinical documentation to make clinical coverage determinations. To help facilitate this review, please include the following, when appropriate:

- A copy of the physician's orders
- Medication list
- Initial physical, occupational or speech therapy evaluation and any pertinent progress notes from the referring hospital or physician
- Proposed length of the member's stay or treatment plan
- Other medical information, such as lab results, diagnostics, wound care assessments or psychosocial assessments

Once your request is submitted, you'll receive a reference number to use to track status using the Link Prior Authorization and Notification (PAAN) app. This reference number is neither a coverage determination nor a guarantee of payment but just a number to help you easily track the status of your request.



If you have questions, please contact your Provider Advocate or call Provider Services at **877-842-3210**, 8 a.m. – 5 p.m., Monday – Friday. Thank you.

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