

Skilled nursing facility prior authorization and inpatient admission process

Skilled nursing facilities (SNFs) need an approved authorization before admitting UnitedHealthcare Medicare Advantage (including Dual Special Needs Plan members) and commercial plan members. SNF prior authorization requests can be submitted by the discharging hospital or the skilled nursing facility. Please use the following process to complete prior authorization before admitting patients to SNFs.

Step 1: Verify member's eligibility and benefits

Verify the member's eligibility and benefits using Eligibility and Benefits on Provider Portal.

UHCprovider.com > Sign In (top right) > Eligibility and Benefits. If you're unable to check eligibility, call phone number listed on back of member's ID card. We use commercially reasonable efforts to provide the most up-to-date eligibility and benefit information available at the time of your request.

Step 2: Request prior authorization

- **Online:** Go to **UHCprovider.com/paan**. You'll be asked a series of questions that help streamline the prior authorization review process.
- **Phone:** Call **877-842-3210**, option 3

Medicare Advantage and DSNP

Effective April 1, 2021, Medicare Advantage and DSNP members in the following markets will be managed by naviHealth and prior authorization should be requested through naviHealth:

Arkansas, California, Connecticut, District of Columbia, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Maryland, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, South Carolina, Texas, Virginia, Washington, Wisconsin

Phone: Call 855-851-1127

Fax: 844-244-9482

Website: Go to **naviHealth.com/united** for additional information

We'll give you an authorization number when you contact us so you can track the inpatient admission. This authorization confirmation number isn't a determination of coverage or a guarantee of payment. Our nurses and medical directors will review the clinical information provided and make a coverage determination. We'll notify you by phone or through the Prior Authorization and Notification tool once we've made a decision.

Step 3: Admission

Notify us within 24 hours of the patient's admission to your facility. Call **877-842-3210**, option 3 or go to [UHCprovider.com/paan](https://www.uhcprovider.com/paan). If admission happens right before a weekend or holiday, you have until 5 p.m. the first business day after that.

Medicare Advantage and DSNP

naviHealth markets for Medicare Advantage and DSNP members refer to [naviHealth.com/united](https://navihealth.com/united) for additional information.

You're responsible for assessing the contracted level based on the service rendered. If your agreement with UnitedHealthcare reimburses multiple contracted levels for skilled services, please notify us of the contracted level at the time of member's admission. If you don't notify us, the inpatient stay is designated as a contract level 2.

Our nurses and medical directors review clinical documentation and the selected level of care. If they determine a different contracted level is more appropriate, they'll adjust the authorization, retrospectively if applicable, and notify you by phone. If there's a change in the service you're providing to a member that could change the contracted level designation, please contact us.

Step 4: Clinical review

Each admission requires a clinical review. Send us the member's clinical information on the third day of their stay and then weekly until the member is discharged. For our clinical review, please include:

- Physicians orders
- Initial physical, occupational or speech therapy evaluation and any progress notes
- Proposed stay or treatment length
- Discharge plan
- Other medical information, such as:
 - Lab results, follow-up appointments, wound care assessments and psychosocial assessments

Medicare Advantage and DSNP

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Step 5: Inpatient discharge

When the member no longer meets inpatient SNF criteria and is ready for discharge to a lower level of care, your facility should coordinate their discharge without waiting for outreach from UnitedHealthcare or naviHealth. Please schedule their primary care provider (PCP) visit before discharge. Upon discharge, provide the member with discharge instructions and their medication list.

Please notify us of the member's discharge date and disposition using the Prior Authorization and Notification tool. To access the Prior Authorization and Notification tool, sign in by going to [UHCprovider.com](https://www.uhcprovider.com) > Sign In (top right corner) > Prior Authorization and Notification. If you're unable to use the Provider Portal, you may also notify us by calling **877-842-3210**.

When discharging patients with Medicare Advantage plans:

- Deliver the Notice of Medicare Non-Coverage (NOMNC) form at least 2 days before the end of the member's SNF stay
- Use standard guidelines outlined by the Centers for Medicare & Medicaid Services (CMS) in the Code of Federal Regulations (42 CFR 422.624)
- **naviHealth markets:** Refer to [naviHealth.com/united](https://navihealth.com/united) for additional information

The standardized form and instructions about the NOMNC are available at cms.gov > Medicare > Beneficiary Notices Initiative (BNI) > **MA Expedited Determination Notices**. We may request a signed copy of the NOMNC.

We're here to help

If you have questions, please call your SNF Provider Advocate or call Provider Services at **877-842-3210** and ask to speak to a SNF Network contact. Thank you.



*UnitedHealthcare plan members who do not require admission notification include the UnitedHealthcare Nursing Home Plan, UnitedHealthcare Assisted Living Plan, UnitedHealthcare Plan of the River Valley, Neighborhood Health Partnership, CARE and UnitedHealthcare members of delegated medical groups. Other plan exclusions may apply. Please refer to the notification or authorization policy for the member's specific plan to confirm requirements. This notification process doesn't apply to UnitedHealthcare Community Plan members.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Inc., Oxford Health Plans (CT), Inc., All Savers Insurance Company, or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), or its affiliates.