Skilled nursing facilities (SNFs) need an approved authorization before admitting UnitedHealthcare Medicare Advantage (including Dual Special Needs Plan [DSNP] 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.

**Plans excluded:**
- UnitedHealthcare Institutional Special Needs Plans (ISNP)
- UnitedHealthcare Institutional-Equivalent Special Needs Plans (IE-SNP)
- Any Medicare Advantage members included in a delegated risk agreement to provider medical groups (e.g., Optum Care Network)

**Step 1: Verify member’s eligibility and benefits**
Verify the member’s eligibility and benefits using the Eligibility tool on the UnitedHealthcare Provider Portal. To access this tool, go to UHCprovider.com > Sign In (top-right corner) > Eligibility. If you’re unable to check eligibility, call the phone number listed on the back of the 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**

**Commercial**
- **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 Oct. 1, 2021,** Medicare Advantage and DSNP members in all markets will be managed by naviHealth, and prior authorization should be requested through naviHealth:
- **Online:** Go to partners/naviHealth.com/partner/nh-access for information on the naviHealth prior authorization provider portal, or go to UHCprovider.com/paan
- **Phone:** Contiguous U.S. and Alaska – 855-851-1127; Hawaii only – 833-517-2770
- **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 on the UnitedHealthcare Provider Portal once we’ve made a decision.
Step 3: Admission

Commercial
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. If admission occurs right before a weekend or holiday, you have until 5 p.m. the first business day.

Medicare Advantage and DSNP
Provide notification of patient’s admission to naviHealth within 24 hours for weekday admissions or by 5 p.m. local time on the next business day for weekend and holiday admissions. Notify your designated naviHealth skilled inpatient care coordinator (SICC) or facilities using the nH Access Portal and enter the admit date in the “case comments.”

Refer to naviHealth.com/united for additional information.

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:

- Physician’s orders, physician’s name and phone number
- Initial physical (H&P), PT/OT/ST evaluations 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
Please refer to naviHealth.com/united for additional information.

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.

When discharging patients with commercial plans
Please notify us of the member’s discharge date and disposition using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access this feature, sign in by going to UHCprovider.com > Sign In (top-right corner) > Prior Authorizations. If you’re unable to use the 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)
- For Medicare Advantage and DSNP: Refer to naviHealth.com/united for additional information
The naviHealth medical director issues the NOMNC. The naviHealth care coordinator sends the NOMNC to the SNF. SNF staff are required to deliver the NOMNC according to the Medicare requirements by close of business (COB) on the day sent or date specified by the care coordinator. The SNF returns the signed NOMNC to naviHealth by close of business on the day NOMNC is delivered.

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 engagement representative or call Provider Services at 877-842-3210 and ask to speak to an SNF network contact. Thank you.