Skilled Nursing Facility Prior Authorization and Inpatient Admission Process

Beginning Jan. 1, 2019, skilled nursing facilities (SNFs) need to request prior authorization and receive a determination before admitting UnitedHealthcare Medicare Advantage members. This is for members enrolled in all UnitedHealthcare Medicare Advantage plans, including UnitedHealthcare Dual Eligible Special Needs Plans (DSNP). Beginning Dec. 1, 2019, SNFs need to request prior authorization and receive a determination before admitting UnitedHealthcare commercial members. Please use the following process to complete prior authorization before admitting patients to SNFs.

Step 1: Request Prior Authorization
You can request prior authorization online using Link, the preferred method. If you’re unable to request prior authorization online, you may request by phone.

- **Online:** You can submit prior authorization requests online using the Prior Authorization and Notification tool on Link. Sign in to Link by going to UHCprovider.com and clicking on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. When you use the Prior Authorization and Notification tool, you’ll be asked a series of questions that can help streamline the prior authorization review process.

- **Phone:** 877-842-3210, option 3. Care providers in Georgia, Illinois and Indiana requesting a prior authorization for UnitedHealthcare Medicare Advantage members should call 855-851-1127 or fax the request to 844-244-9482.

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.

Once you’ve submitted a prior authorization request, our nurses and medical directors will review the information and make a coverage determination. We’ll notify you once we’ve made a decision.

Step 2: Admission
Once you obtain prior authorization, you’re required to notify us of the admission because timely admission notification is a key element of providing coordinated care for UnitedHealthcare members. For UnitedHealthcare commercial members, you are required to notify us within 24 hours after members* are admitted. The preferred notification method is using Link. If you’re unable to use Link, you may also notify us by phone. If the 24-hour notification deadline falls on a weekend or a federal holiday, please notify us by 5 p.m. local time on the next business day.

- **Online:** You can notify us when a member is admitted to your facility using the Prior Authorization and Notification tool on Link. Sign in to Link by going to UHCprovider.com and clicking on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
• **Phone:** 877-842-3210, option 3. Care providers in Georgia, Illinois and Indiana notifying of admission for UnitedHealthcare Medicare Advantage members should call 855-851-1127 or fax the request to 844-244-9482.

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 director review clinical documentation and the selected level of care. If they determine a different contracted level is more appropriate, they’ll adjust the notification, 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 3: Clinical Review**
Each admission requires a clinical review. Please send us the member’s clinical information on the seventh day of their stay, and then weekly until the member is discharged. For our clinical review, please include:

- A copy of the physician’s orders
- Initial physical, occupational or speech therapy evaluation and any progress notes
- Proposed stay or treatment length
- A discharge plan
- Other medical information such as lab results, follow-up appointments, wound care assessments or psychosocial assessments

**Step 4: 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 a UnitedHealthcare nurse. 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 on Link. You can sign in to Link by going to [UHCprovider.com](http://UHCprovider.com) and clicking on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. If you’re unable to use Link, you may also notify us by calling **877-842-3210**. Care providers in Georgia, Illinois and Indiana notifying of discharge for UnitedHealthcare Medicare Advantage members should call 855-851-1127 or fax the request to 844-244-9482.

When discharging patients with Medicare Advantage plans:

- Deliver the Notice of Medicare Non-Coverage (NOMNC) form at least two 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).

The standardized form and instructions about the NOMNC are available at [cms.gov](http://cms.gov) > Medicare > Beneficiary Notices Initiative (BNI) > [MA Expedited Determination Notices](http://MA Expedited Determination Notices). We may request a signed
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.