Skilled Nursing Facility Prior Authorization and Admission Notification
Quick Reference Guide

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

This reference guide offers tips to help with transitioning Medicare Advantage members who need skilled nursing care from a hospital to a SNF.

Steps to Take Before SNF Admission
When a member is going to be admitted to your facility:

1. Please verify the member’s eligibility and benefits using the eligibilityLink tool on Link or call the phone number listed on the back of the member’s ID card. To access eligibilityLink, sign in to Link by going to UHCprovider.com and clicking on the Link button in the top right corner. Then, select the eligibilityLink tool from your Link dashboard.

2. For members with Medicare Advantage plans, including DSNP, request prior authorization and receive approval determination. You can request prior authorization online, the preferred method. If you’re unable to submit a 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 tile on your Link dashboard. When you use the Prior Authorization and Notification tool, you’ll be asked a series of questions to help streamline the review process.
   - **Phone**: 877-842-3210, option 3.

3. Coordinate the member’s transfer to your facility with the hospital discharge planner.

4. Notify us of the member’s SNF admission.

Steps to Notify UnitedHealthcare of SNF Admission
To help us coordinate the member’s care, please

1. Notify us of the member’s *SNF admission within 24 hours* (for admissions during the week) or by 5 p.m., local time on the next business day (for admissions on weekends or holidays). You can do this online using Link, the preferred method. If you’re unable to use Link, you may submit admission notification by phone:
   - **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. When you use the tool, you’ll be asked a series of questions to help streamline the review process.
   - **Phone**: Call 877-842-3210, option 3.
2. Please include the following information with your notification:
   • Your facility’s name and tax ID number (TIN) or national provider identifier (NPI) number
   • Member name and ID number
   • Admitting/attending physician name and TIN or NPI number
   • Admitting diagnosis or ICD-10 diagnosis code
   • Admission date

Steps to Take During the Member’s SNF Stay
When a member is admitted to your facility, be sure to take the following steps.
1. Notify us of any change in the member’s health or health care needs, including when the member is discharged.
2. If you have a multiLevel contract with us, please notify us if the member meets the clinical criteria for a level of care other than level 2.
3. Provide information or clinical documentation upon request or if level of care changes.
4. Deliver Notice of Medicare Non-Coverage (NOMNC) letter to the member at least two days before the end of the member’s SNF stay and provide us with a signed copy of it upon request. The NOMNC form and instructions are available at cms.gov > Medicare > Beneficiary Notices Initiative (BNI) > MA Expedited Determination Notices.

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 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.