Skilled nursing facility prior authorization and inpatient admission process

Skilled nursing facilities (SNFs) need an approved authorization before admitting UnitedHealthcare® Medicare Advantage, Dual Special Needs Plans (D-SNP), dual eligible and commercial plan members. The discharging hospital or SNF can submit the request.

Plans excluded:
- UnitedHealthcare Institutional Special Needs Plans (I-SNP)
- Any Medicare Advantage members included in a delegated risk agreement to health care professional medical groups. Contact the delegated medical group for authorization requirements.

Please use the following process to complete the prior authorization request before admitting patients to SNFs.

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.

Step 2: Request prior authorization

Commercial, Fully Integrated Dual Eligible Applicable Integrated Plans (FIDE AIP) and Highly Integrated Dual Eligible Plans (HIDE)

- **Online:** Go to **UHCprovider.com/paan** or login the UnitedHealthcare Provider Portal at **UHCprovider.com** > Sign In with your One Healthcare ID > Prior Authorization and Notification**.** 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 D-SNP

Medicare Advantage and D-SNP members in all markets are managed by naviHealth. Submit your prior authorization through naviHealth:

- **Online:** Go to **uhcprovider.com/PAAN** or partners/naviHealth.com/partner/nh-access
- **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 through the UnitedHealthcare Provider Portal so you can track the inpatient admission. This authorization confirmation number isn't a determination of coverage or a guarantee of payment. Nurses and medical directors will review the clinical information provided and make a coverage determination. Either we or NaviHealth will notify you by phone, the UnitedHealthcare Provider Portal or naviHealth portal once we've decided.

Step 3: Admission

Commercial, Fully-Integrated Dual Eligible Applicable Integrated Plans (FIDE AIP) and Highly Integrated Dual Eligible Plans (HIDE)

Notify us within 24 hours of the patient's admission to your facility. Call **877-842-3210,** option 3, or go to the UnitedHealthcare Provider Portal at **UHCprovider.com** > Sign In with your One Healthcare ID > Prior Authorization and Notification. You have until 5 p.m. local time Monday-Friday to notify us. Submissions after 5 p.m., a weekend or holiday will roll to the following business day.

Medicare Advantage and D-SNP

Provide notification of the 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) of admission or use the naviHealth Access Portal > Login by entering the admit date in the "case comments."

Step 4: Clinical review

Each admission requires a clinical review. Send the member's clinical information through the UnitedHealthcare Provider Portal at **UHCprovider.com** > Sign In with your One Healthcare ID > Prior Authorization and Notification or send to your SICC 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, physical therapy/occupational therapy/speech therapy 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

Step 5: Inpatient discharge

Discharge planning should begin on the day of admission. When the member no longer meets inpatient SNF criteria and is ready for discharge to a lower level of care, your facility should order durable medical equipment, home health or outpatient services as needed.
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, FIDE AIP and HIDE

Please notify us of the member's discharge date and disposition using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** > Sign In with your One Healthcare ID > Prior Authorization and Notification**.** If you're unable to use the portal, call us at **877-842-3210.**

When discharging patients with Medicare Advantage and D-SNP plans

- naviHealth issues the Notice of Medicare Non-Coverage (NOMNC) and emails it to the SNF
- The SNF asks the member to sign the NOMNC form at least 2 days before the end of the member's SNF stay
- The SNF returns the signed NOMNC to naviHealth by close of business on the day NOMNC is signed
  - o Send signed copy by uploading it to the naviHealth Access Portal**,** replying to the navHealth email or faxing to 844-244-9482. Call **855-851-1127** if you need help sending the form.

Use standard guidelines outlined by the Centers for Medicare & Medicaid Services (CMS) in the Code of Federal Regulations (42 CFR 422.624).

Find frequently asked questions at naviHealth.com/united.

Questions? We're here to help.

Call your SNF provider engagement representative or Provider Services at **877-842-3210** and ask to speak to an SNF network contact.