Skilled Nursing Facilities: Inpatient Admission Notification and Case Management Process

To help us coordinate care for our members, UnitedHealthcare requires notification within 24 hours AFTER admitting UnitedHealthcare Commercial and UnitedHealthcare Medicare Advantage plan members* as inpatients to skilled nursing facilities. If the 24-hour notification deadline falls on a weekend or federal holiday, please notify us by 5 p.m. local time on the next business day.

By notifying us as early as possible, you may avoid potential delays or payment reductions for skilled stays and help members receive timely assessments for case management needs.

We’ll give you a notification number when you contact us so you can track the inpatient admission. This notification confirmation is neither a coverage determination nor a guarantee of payment.

Levels of Care
If your Participation Agreement with UnitedHealthcare reimburses multiple levels of care for skilled services, please notify us of the level of care at the time of member’s admission. If you don’t tell us the level, the inpatient stay will be designated as Level 2. Your facility is responsible for assessing the appropriate level of care based on the service rendered, and notifying us if there is a change in the services rendered that may affect the member’s level of care designation.

Our nurses and medical director will review clinical documentation and level of care your facility selected. If they determine a different level of care may be more appropriate, they will adjust the notification accordingly, and retrospectively if applicable, and notify you by phone.

Inpatient Admission Notification:
- Online
  - UnitedHealthcareOnline.com > Notifications/Prior Authorizations
  - For UnitedHealthcare Oxford Commercial plans: OxfordHealth.com
  - For UnitedHealthcare West plans: UHCWest.com (online inpatient notification is not available to facilities in California, Arizona and Nevada)
- By Phone
  - Call 877-842-3210 or the number on the back of the member’s ID card

Case Management
Based on diagnosis and anticipated length of stay, we’ll refer some members to an inpatient case management nurse. The inpatient case management nurse will work with you to establish a patient

*UnitedHealthcare plans EXCLUDED from the Inpatient Admission Notification and Case Management process include, but are not limited to: the UnitedHealthcare Nursing Home Plan, UnitedHealthcare Plan of the River Valley, UnitedHealthcare 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 process does NOT apply to UnitedHealthcare Medicaid plans.

progress review schedule to determine if there is a need for continued inpatient skilled nursing facility services. The nurse may also reach out to you for more information at any time during the stay. Please notify the nurse of any change in a member’s status, such as hospitalization or discharge.

If a case is not initially referred to an inpatient case management nurse, we’ll contact you weekly, or until the case is assigned to an inpatient case manager, to determine the anticipated discharge date. Please contact us at the number on the back of the member’s ID card and follow the prompts for “Notification” to tell us about any changes in the member’s health or health care needs.

**Inpatient Discharge**
When the member no longer meets inpatient skilled nursing facilities 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 notify us of their discharge date and disposition using the websites and phone number listed in the above section “Inpatient Admission Notification”.

**Notice of Medicare Advantage Members Non-Coverage (NOMNC)**
When discharging patients who are UnitedHealthcare Medicare Advantage members, please issue and deliver the Notice of Medicare Non-Coverage (NOMNC) letter using standard guidelines outlined by the Centers for Medicare & Medicaid Services in the Code of Federal Regulations (42 CFR 422.624). The standardized NOMNC form and instructions may be found at [CMS.gov](http://CMS.gov) > Medicare > Beneficiary Notices Initiative (BNI) > MA Expedited Determination Notices. We may request a signed copy of the NOMNC.

**Contact Us**
If you have questions, please contact your Skilled Nursing Facility Provider Advocate or Network contact. Thank you.