

Changes to Allowable Time for Skilled Nursing Facility Stays

Frequently Asked Questions (FAQ)

Effective Jan. 1, 2017

Key Points

- As of Jan. 1, 2017, we extended the allowable time for skilled nursing facility inpatient stays from 30 to 90 days.
- This change impacts UnitedHealthcare Community Plan of Maryland members who are receiving inpatient services in a nursing facility, chronic hospital or specialty pediatric hospital.

Overview

Per Maryland Department of Health and Mental Hygiene's (DHMH) Transmittal (PT 15-17), effective Jan. 1, 2017, we extended the allowable time for skilled nursing facility inpatient stays from 30 to 90 days. Facilities still need to follow UnitedHealthcare Community Plan policies regarding transfer and prior authorization requirements, which you can find at UHCCommunityPlan.com > For Health Care Professionals > Maryland > Prior Authorization Requirements.

Frequently Asked Questions and Answers

Q1. Are facilities required to notify UnitedHealthcare when we admit a UnitedHealthcare member?

A1. Yes – this includes patients where Medical Assistance is secondary coverage. We'll coordinate benefits, seek third party reimbursement and/or cost avoid, as appropriate. If you don't notify us of the member's admission by the next business day, we'll deny any days of care until you inform us that you've admitted the member.

Q2. How will UnitedHealthcare determine medical necessity for skilled nursing facility stays?

A2. To determine medical necessity and authorize the member's admission and continued stay in the facility, we'll apply the Maryland Medical Assistance Program's nursing facility medical eligibility criteria outlined by DHMH in prior transmittals PT-213 and PT-215.

Q3. How often will UnitedHealthcare conduct continued stay reviews?

A3. After the initial authorization, we'll monitor the continued need for nursing facility service every 30 days, up to and including the 90th day, as long as the member continues to be enrolled.

Q4. What if a patient no longer meets criteria for continued stay?

A4. If a member no longer qualifies for skilled nursing in a nursing facility, we'll conduct discharge planning review and deny any continued stay days. Once a member no longer meets medical eligibility criteria, they should be discharged to the community.

Q5. How should we request authorization for patients who need continued stays past day 90?

A5. On day 80 of the stay, you may submit a request to the Department of Health's Utilization Control Agent (UCA), Telligen, to determine if the member is eligible for a continued stay under the Medical Assistance Long Term Care program. UnitedHealthcare is only responsible to pay for nursing facility services through day 90, or until the UCA's determination of medical eligibility, whichever is later. Once the request is approved by the Department of Health and they notify us of their decision, we'll process the disenrollment, effective day 91, as long as the member meets the State's medical eligibility criteria.

Q6. Who do I contact if I have questions about UnitedHealthcare's changes to the allowable time for skilled nursing facility stays?

A6. If you have questions about this change, please contact your local network management representative or UnitedHealthcare Provider Services at 800-445-1638.

