



Post-Acute Admit Authorization Request Form

Fax request to UM Discharge Planning Fax #: 1-855-905-5936

***Is bed available?** Yes No

If "No", please wait to submit until bed is available and member is ready for discharge.

*Requestor's Name:				*Requestor's Phone #:				
Patient Information:								
*Name:								
*DOB:			*Member ID#:					
*Does Member have other insurance?			Yes	No	if Yes, other insurer:			
Request Information:								
*Post-Acute Type:	Skilled Nursing Facility			Acute Rehab		Chronic/LTAC		
SNF LOC requested:	SNF1	SNF2	SNF3	SNF4	SNF5	SNF6	Peds SNF	LTC
*Diagnosis / ICD 10:								
*Discharging Facility:				NPI:		TIN:		
Address:								
Phone:			Fax:					
*Accepting Facility:				*NPI:		*TIN:		
*Address:								
*Facility Contact Name:			*Phone:			*Fax:		
Admissions Dept Phone:			Fax:					
Attending Clinician:				NPI:		TIN:		

Please complete all sections with * and attach the following documentation to support medical necessity:
H&P, Consultations, Therapy Evaluations and/or Wound Care Evaluations, Treatment Orders and possible discharge plans.

INCOMPLETE INFORMATION MAY DELAY THE AUTHORIZATION AND REVIEW PROCESS.

Always verify eligibility, benefits, and prior authorization requirements before submitting.

Per MDH Transmittal 113, if the member is enrolled in an MCO and has a primary insurance other than the MCO, notification of admit to a post-acute facility is required with in one (1) business day for collaboration with the MCO.

Disclaimer: An authorization is not a guarantee of payment. Members must be eligible at the time of services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures. Confidentiality: The information contained in the transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient and use, distribute, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.