

Proactive Admission & Appeals: Navigating Medicare Advantage Denials in Inpatient Rehabilitation

2025 UDS-PRO® User Group
August 7, 2025

Presenters:

Julie Lanphere, DO, Associate Medical Director
Kellie Gilot, BSN, RN, CRRN, Liaison Manager
Monica Sage, PPS Coordinator Manager



UDS-PRO is a trademark of Netsmart Technologies, Inc.

33

Hospitals

400

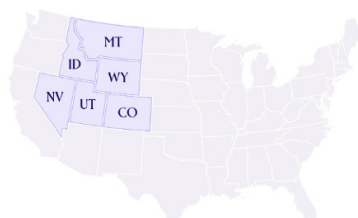
Clinics


3M+

Telehealth patients served


Exceptional care, closer to home

Based in Salt Lake City, UT, Intermountain serves patients and communities in Utah, Idaho, Nevada, Colorado, Montana and Wyoming.







6 Magnet Hospitals




10 5-Star Hospitals



#1 Top Large Health System




#1 Kidney Transplant Matching Program



10 Top 100 Hospitals




9 World's Best Hospitals



2023 System Fast Facts


Facilities and Caregivers

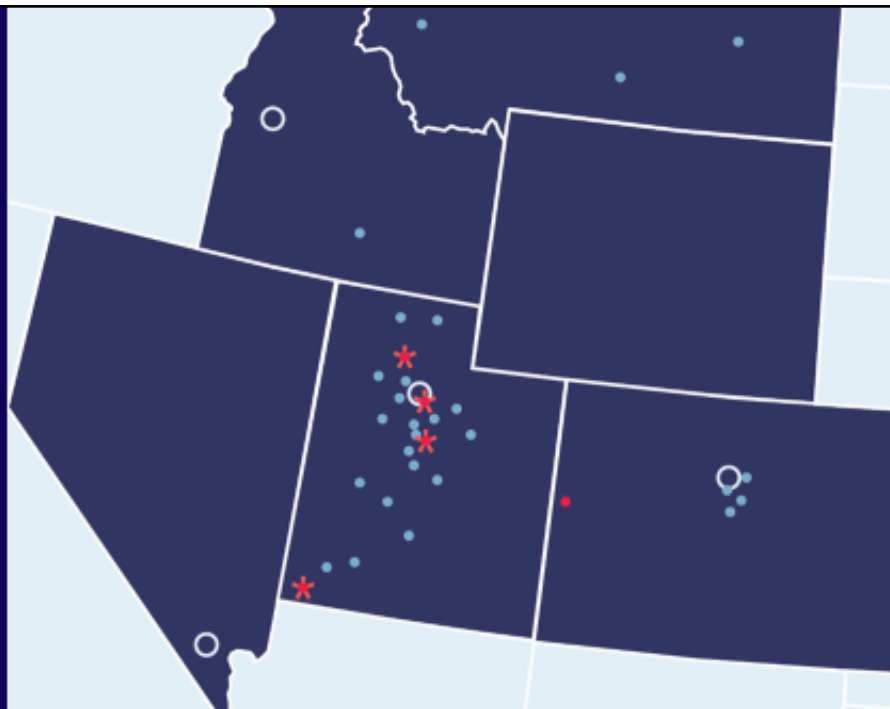
	Canyons Region	Desert Region	Peaks Region	Enterprise	TOTAL
Hospitals	22	3	8		33
Clinics	143	125	141		409
Total Caregivers	30,500	6,800	17,300	14,000	68,600
Nurses	10,700	1,600	7,000		19,300
Employed Physicians	3,100	800	1,200		5,100



Inpatient Rehab

McKayDee Hospital
20 beds
Intermountain Medical Center
24 beds
St. Mary's Regional
24 beds
Utah Valley
20 beds
St. George Regional
20 beds





Background



Medicare Advantage Enrollment Trends

In 2024, 54% of Medicare Parts A&B beneficiaries (32.8 million) were enrolled in Medicare Advantage (MA)

Up from 39% in 2019, strong growth over 5 years

MA now represents over half of all Medicare-eligible individuals



Growth Outlook

Enrollment growth has **moderated**:

- +2.7 million in 2022
- +1.3 million in 2024

Despite the slowdown, **analysts project continued expansion** due to

- Aging population
- Attractive Plan Benefits
- Policy support and regulatory stability



The Center on Budget and Policy Priorities (CBPP)

Market Confidence and Projections

- **Health Plan Sentiment:**

- **91%** of health plan executives expect **equal or better performance** in 2026

- **Future Projections:**

- MA enrollment --> **continue growing**

2025 report by Chartis and HealthScap



Navigating Medicare Advantage Denials & Appeals

- Initial auth: Response times 2.5 days+ vs. Trad MC AB
- High rate of denials
- Increase hospital LOS (burdens hospitals, delays care, adds cost)
- Peer-to-peers inconsistent follow-through and communication
- Manipulating standards
 - (Who can do P2P, insurer MD limited knowledge of IRF)

All of this is delaying access for patients



Prior Authorizations and Access Delays

Denials and Delays:

- **57%** of initial prior authorization requests are **denied**.
- These denials caused **67,000+ days of delays** in just **July–August 2024**.
- **Average wait time** for denied requests: **2.59 days**.

Facility Impact:

- **84% of IRFs** report average wait times of **2.1+ days** for denied requests.



Medicare Advantage in Post Acute Care

IRF Discharges:

- In 2024, **42%** of Inpatient Rehabilitation Facility (IRF) discharges were **MA beneficiaries**.

SNF Readmissions:

- In 2021, the **30-day readmission rate** for SNF Medicare FFS beneficiaries was **~21%**.
- More recent data (2023–2024) is not yet published by MedPAC.

Preventable Readmissions:

- National average for **potentially preventable hospital readmissions after 30 days**: **~10.5%** (Care Compare/MedPAC).



Medicare Ruling (2024)

1

Prohibit MA plans from limiting or denying coverage for Medicare-covered services

2

Direct MA plans to adhere to the "Two-Midnight-Rule" for coverage of inpatient admissions

3

Limit MA plan ability to apply site of service restrictions not found in traditional Medicare

4

Require MA health plan clinicians reviewing prior authorization requests have expertise in the relevant medical discipline for the service being requested



AMRPA Comments (Contract Year 2026)

- Ensure MA enrollees have equitable access to IRFs, similar to those in Traditional Medicare.
- Highlights disparities in access
- Calls for CMS to ensure that all Medicare beneficiaries – regardless of plan type – receive timely and appropriate access to covered services.



Lessons from Atrium Health/Carolinas Rehab

- Implemented a “No Delay Admission Process”
- Within first year of operation saw overturn rate of denials at 97%
- Saw increase in initial auth approvals with intention to appeal denials at all available levels
- Saved acute hospital days by expediting rehabilitation care for MA plan patients



Select Health Partnership

- Delay in authorization (up to 7 days)
- Of 138 cases where auth was requested, 1 denial
- Agreed to admit to IRF when medically appropriate & not wait for authorization
 - Medicare patients to start, expanded to commercial, then Medicaid
- Review with IRF & Select Health semi-annually to ensure adherence to policy
- Patients that are not clearly appropriate, require clear physician documentation on need for IRF



Organization Approvals: Finance, Legal & Compliance

- Finance: If 66% of denials are overturned, break even
- Legal: CMS prohibits Intermountain from balance billing
- Compliance: Cannot “entice” patients to go through the process



(Vanderbilt University, 2025)

Education for EVERYONE!

Rehab

- Liaisons
- Providers
- Therapists
- Nurses
- Care Managers

Acute & Others

- Providers
- Therapists
- Care Managers
- Utilization Review



(Maryville University, 2025)

No Delay Admissions Process: Liaisons

Establish Criteria

- Meet Medicare criteria for inpatient rehab
- In-network
- 7-10 day stay minimum
- Safe discharge plan
- Patient/family sign AOR
- PM & R provider consulted/reviewed & accepted

No Delay Admissions Process: Liaisons

Define Process

- Eval patient-home environment, support, PLOF
- Request prior auth (expedited)
- Admit as soon as medically cleared
- Track process & communicate
- Arrange P2Ps
- Appeals

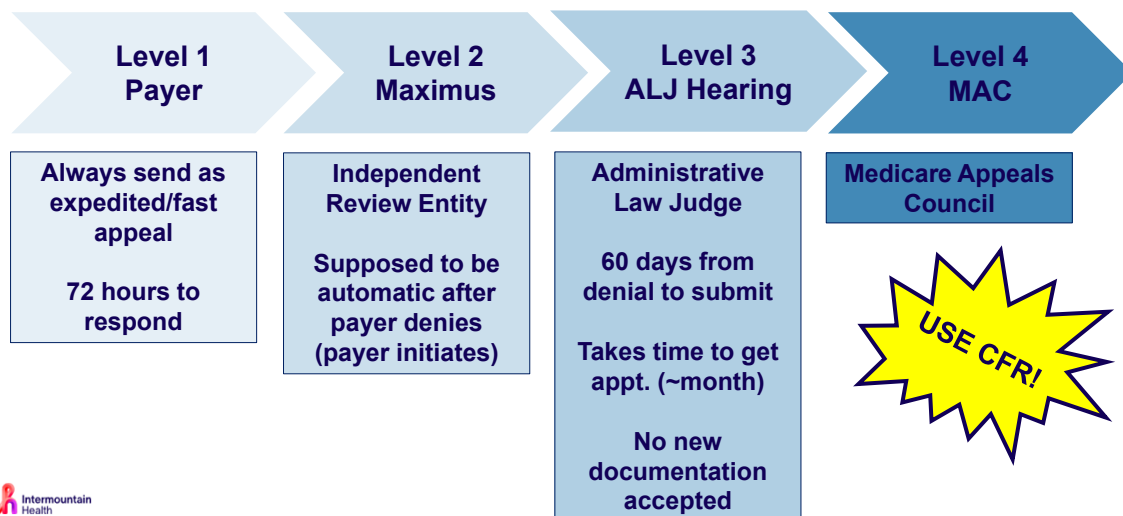
No Delay Admissions Process: Liaisons

Other important things to do:

- Encourage providers & liaisons to try
- Frequent communication & reminders of process
- Plan for added administrative time
- Be prepared for barriers & new experiences

Auth/Appeals

Step 1: All Auth Requests=Expedited



Peer-to-Peers

To do, or not to do, that is the question!



(American Players Theatre, 2025)

Tracking-Referrals

9-JUN NOTES																A		B		B		C		C		C				
Date	Time	Antic	Sort	Next	Sex	Acute	Acute	Insuranc	RIC-ish	IRF DX	Patient	IRF Dec	Decision	Admit	Ins	Date	Time	Date	Time	Result	Auth#	Notes for	Not	Date	Time	P2P	P2P	P2P	A1 Not	Appr
Refer/Ch	Refer/Ch	Admit			Age	Locat	FIN	e			Status	Date	Time	Den	reason	Submit	Submit	Response	Response			All P2P &	Pursued	Date	Time	P2P	P2P	P2P	Pursued	Subm
6/20/2025	1110		1 Ready	Ipsum,	m61	XXXXXX	1234567890	Select H/M								6/23/2025	1000	6/23/2025	1001	Approved	2.5E+08									
6/20/2025	937		1 Ready	Ipsum,	m61	XXXXXX	1234567890	Unfunded																						
6/18/2025	1124		1 Ready	Ipsum,	m61	XXXXXX	1234567890	UMR								6/19/2025	855	6/23/2025	1656	Approved	20250619									
6/21/2025	1537		1 Ready	Ipsum,	m61	XXXXXX	1234567890	Select H/M																						
6/22/2025	1517		1 Ready	Ipsum,	m61	XXXXXX	1234567890	Select H/M																						
6/21/2025	1427		2	Ipsum,	m61	XXXXXX	1234567890	Select H/M								6/23/2025	1600			Pending	Fixed									
6/16/2025	1327		2	Ipsum,	m61	XXXXXX	1234567890	Unfunded																						
6/23/2025	1055		3 to	Ipsum,	m61	XXXXXX	1234567890	Aetna IOE																						
6/22/2025	1523		3 to	Ipsum,	m61	XXXXXX	1234567890	MC																						
Refer/Ch	Time		40 Sort	New	Sex	Acute	Acute	Insuranc	RIC-ish	IRF DX	Patient	IRF Dec	Decision	Tim	Admit	Den	Date	Time	Date	Time										
ce Date	Refer/Ch			Referral	Age	Locat	FIN				Status			Reason																
			4 New	Ipsum,	m61	XXXXXX	1234567890	MA Trad																						
			4 New	Ipsum,	m61	XXXXXX	1234567890	Unfunded																						
			4 New	Ipsum,	m61	XXXXXX	1234567890	MA Trad																						
Refer/Ch	Time		50 Sort	Watching	Sex	Acute	Acute	Insuranc	RIC-ish			IRF Dec	Decision	Tim	Admit	Den	Date	Time	Date	Time										
ce Date	Refer/Ch				Age	Locat	FIN				Status			Reason																
6/22/2025	1132		5 Waiting	Ipsum,	m61	XXXXXX	1234567890	Unfunded																						
6/21/2025	1054		5 Waiting	Ipsum,	m61	XXXXXX	1234567890	MC Part																						
6/20/2025	1607		5 Waiting	Ipsum,	m61	XXXXXX	1234567890	UMR								6/18/2025	1201	6/19/2025	1400	Approved	20250618									
6/16/2025	1033		5 Waiting	Ipsum,	m61	XXXXXX	1234567890	MA Trad																						
6/21/2025	1532		5 Waiting	Ipsum,	m61	XXXXXX	1234567890	MA Trad																						
6/21/2025	1549		5 Waiting	Ipsum,	m61	XXXXXX	1234567890	MC Select																						
			5 Waiting	Ipsum,	m61	XXXXXX	1234567890	Unfunded																						
			5 Waiting	Ipsum,	m61	XXXXXX	1234567890	MC Aetna																						
Refer/Ch	Time		60 Sort	Watch	Sex	Acute	Acute	Insuranc	RIC-ish	IRF DX	Patient	IRF Dec	Decision	Tim	Admit	Den	Date	Time	Date	Time										
ce Date	Refer/Ch				Age	Locat	FIN				Status			Reason																
			70 Sort	Watch No	Sex	Acute	Acute	Insuranc	RIC-ish	IRF DX	Patient	IRF Dec	Decision	Tim	Admit	Den	Date	Time	Date	Time										
					Age	Locat	FIN				Status			Reason																
			7 No	Ipsum,	m61	XXXXXX	1234567890	EMH																						
			7 No	Ipsum,	m61	XXXXXX	1234567890	Select H/M																						
Refer/Ch	Time		80 Sort	No IRFing	Sex	Acute	Acute	Insuranc	RIC-ish	IRF DX	Patient	IRF Dec	Decision	Tim	Admit	Den	Date	Time	Date	Time										
ce Date	Refer/Ch				Age	Locat	FIN				Status			Reason																
6/19/2025	1301		8 Not	Ipsum,	m61	XXXXXX	1234567890	Unfunded																						
6/20/2025	1633		8 Not	Ipsum,	m61	XXXXXX	1234567890	Unfunded																						

Tracking-No Delay Admissions

No Delay Admissions-Inpatient Rehab

Patient	Facility	Rehab FIN	Payer	Diagnosis	Date Auth Requested	Date of Admission to Rehab	Date of Approval	Level of Approval	Delays Eliminated
Patient 1	Utah Valley	1234567890	Optum					ALJ	
Patient 2	IMED	1234567890	Optum					Level 1 appeal	3
Patient 3	Utah Valley	1234567890	Optum					Level 1 appeal	5
Patient 4	IMED	1234567890	Optum					Initial auth request	5
Patient 5	McKay-Dee	1234567890	Blue Cross					Peer-to-peer	0
Patient 6	IMED	1234567890	Humana					Initial auth request	0
Patient 7	IMED	1234567890	UHC					Peer-to-peer	1
Patient 8	IMED	1234567890	Optum					Initial auth request	1
Patient 9	IMED	1234567890	Optum					Level 1 appeal	8
Patient 10	IMED	1234567890	UHC					Level 1 appeal	6
Patient 11	IMED	1234567890	UHC					Initial auth request	1
Patient 12	IMED	1234567890	Humana					Peer-to-peer	2
Patient 13	IMED	1234567890	UHC					Level 1 appeal	10+
Patient 14	Utah Valley	1234567890	UHC					Initial auth request	1
Patient 15	IMED	1234567890	Optum					Level 1 appeal	7
Patient 16	IMED	1234567890	Humana					Initial auth request	2
Patient 17	St. George	1234567890	UHC					Initial auth request	3
Patient 18	St. George	1234567890	UHC					Initial auth request	0
Patient 19	St. George	1234567890	UHC					Initial auth request	1



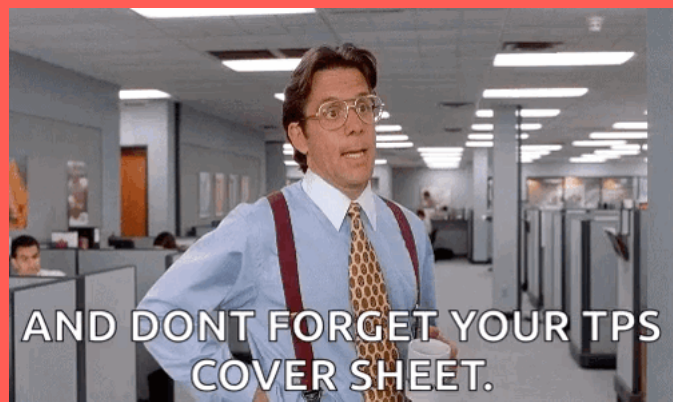
Confidential and property of Intermountain Health

23

Accountability

Daily update with rehab leadership

Quarterly update with senior leadership



Confidential and property of Intermountain Health

24

Progress Report

Implemented at 4/5 sites

First case: 2/3/2025

Next case: 4/18/2025

Total cases (as of 6/30/25): 19

of Cases by Payer:

Optum: 7
Blue Cross: 1
Humana: 3
UHC: 8

Delay days eliminated: 56+

Level of approval:

Initial Auth:
9 cases

Peer-to-Peer:
3 cases

Level 1 Appeal:
6 cases

Pending:
Level 3 (ALJ): 1

Discharge Disposition: 14 Home, 2 SNF



Patient Story #1



Patient Story #2



Patient Story #3



Looking to make change upstream?

The **Centers for Medicare & Medicaid Services (CMS) criteria for inpatient rehabilitation facility (IRF) admission** require that the patient:

- **Medical Necessity and clinical stability managed by a PM&R Provider**
- **Rehab needs/Diagnosis**
- **Ability to Participate**
- **Potential for Improvement**
- **Interdisciplinary Approach**



CMS 13 Medical Conditions for Inpatient Rehab (60% rule)

1. Stroke
2. Spinal cord injury
3. Congenital deformity
4. Amputation
5. Major multiple trauma
6. Fracture of femur (hip fracture)
7. Brain injury
8. Neurological disorders (e.g., multiple sclerosis, Parkinson's disease)
9. Burns
10. Active polyarticular rheumatoid arthritis, psoriatic arthritis, and seronegative arthropathies
11. Systemic vasculitis with joint inflammation
12. Severe or advanced osteoarthritis involving two or more weight-bearing joints
13. Knee or hip joint replacement (if bilateral, BMI ≥ 50 , or age ≥ 85)



What is Medical Necessity ?

- Requires **close medical supervision** by a **physician with specialized training** or experience **in rehabilitation**, with frequent face-to-face visits (at least 3 times per week).
- Needs and can **actively participate** in intensive, multidisciplinary rehabilitation (typically defined as at **least 3 hours** of therapy **per day**, at least 5 days per week, or 15 hours over a 7-day period).
- Is **expected to make measurable, practical improvement in function within a reasonable time** and has a reasonable discharge plan to a community setting (not to another inpatient facility).
- Requires an interdisciplinary team approach, including **at least a physician, rehabilitation nurse, and 2/3 therapy disciplines** (PT, OT, SLP).
- Needs **24-hour availability of specialized nursing care**.



Peer to Peers

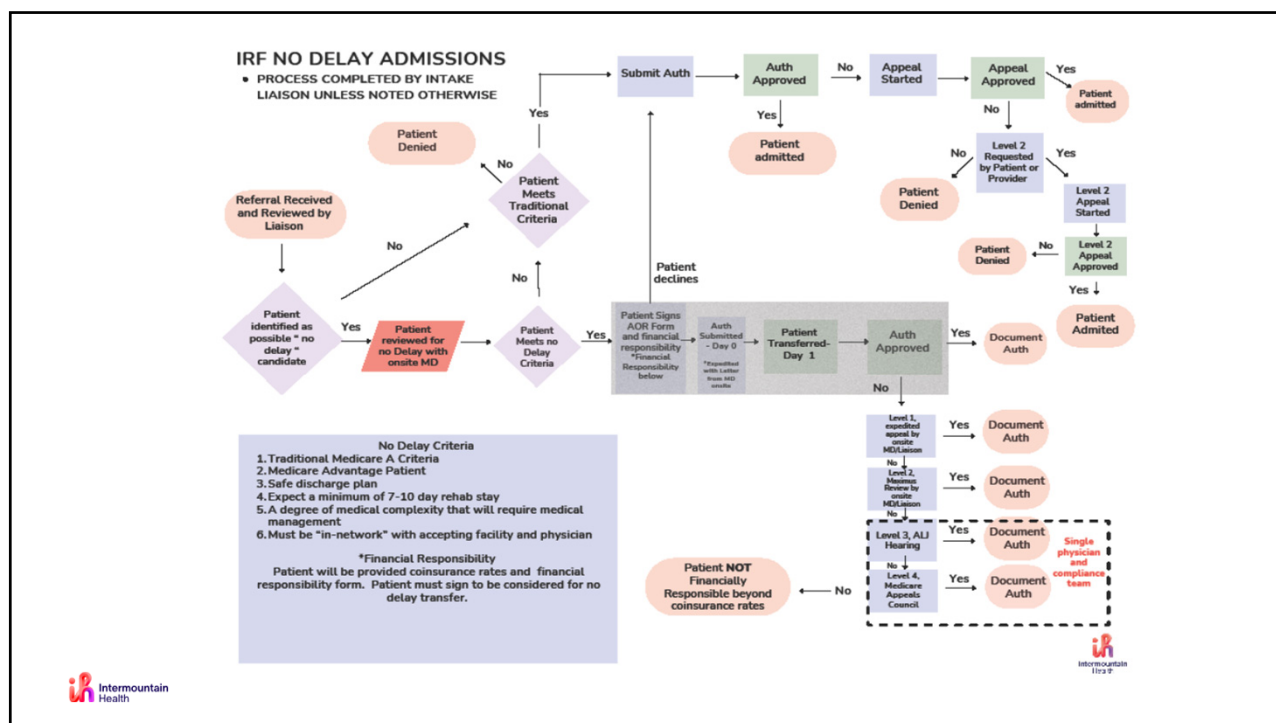
- Provides framework to keep rehab team to remain within the standards
- The need to continue to have conversations with insurers around IRF care
- Informs the insurance company medical directors we are willing to be accountable in knowing the criteria (if PM&R completes)
- Helps with appeals to document medical director reasons for denial, many are in appropriate or not specific enough and can support appeals, holds them accountable
- We need to keep showing up and remaining informed on denial reasons



Peer-to-Peer Approach

- Know your rights as the provider advocating
- Know the Inpatient Rehab admission criteria
 - Medical necessity
- Know the patient
- Understand functional outcomes to identify impairments, risk, needs, etc.





References & Links

American Players Theatre. <https://americanplayers.org/about/people/william-shakespeare>. Accessed 7/1/2025.

Code of Federal Regulations:

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-M>

Maryville University. (2025). <https://online.maryville.edu/online-bachelors-degrees/healthcare-management/careers/working-in-a-hospital/>. Accessed 7/1/2025.

Medicare Appointment of Representative Form:

<https://www.cms.gov/cms1696-appointment-representative>

Vanderbilt University. (2025). <https://www.library.vanderbilt.edu/law/>. Accessed 7/1/2025.

Questions/Comments

Julie Lanphere, DO, Associate Medical Director
Kellie Gilot, BSN, RN, CRRN, Liaison Manager
Monica Sage, PPS Coordinator Manager
Intermountain Health, Rehab Services



Confidential and property of Intermountain Health

37

Thank you!



Confidential and property of Intermountain Health

38