

SNF Admissions Checklist

28 Steps From Referral to First Week

Built for admissions coordinators, business office managers, and Directors of Nursing.

Role Abbreviations: AC = Admissions Coordinator BOM = Business Office Manager DON = Director of Nursing RN = Floor Nurse MDS = MDS Coordinator

Billing Critical items have a direct reimbursement consequence if missed or delayed. These are not paperwork formalities.

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From First Referral Contact Through Admission Confirmation

This is where most revenue is won or lost. Insurance verification must happen before the bed is offered, not after.

#	Step	Owner	Billing Critical	Done
1	Log referral in tracking system within 2 hours of receipt	AC		
2	Request hospital discharge summary and H&P;	AC		
3	Complete clinical pre-admission screen, confirm skilled care need	DON	YES	
4	Verify Medicare Part A: 3-day qualifying stay, benefit period status, remaining days	BOM	YES	
5	Verify Medicare Advantage / HMO: confirm in-network status, obtain prior authorization, log auth number, approved level of care, approved days, start date	BOM	YES	
6	Verify Medicaid: active status confirmed or pending protocol initiated	BOM	YES	
7	Confirm payer and level of care with referring hospital	AC	YES	
8	Obtain signed physician admission orders (must precede or accompany admission)	AC / DON	YES	
9	Collect Medicare/Medicaid card and supplemental insurance information	AC		
10	Obtain signed financial responsibility agreement	BOM		
11	Assign room and notify floor nursing	AC		
12	Confirm admission date and time with family and hospital	AC		

The First Four Hours Set the Tone for the Entire Stay

Three departments run simultaneously on arrival day. Role-specific assignments eliminate the assumption that someone else handled it.

#	Step	Owner	Billing Critical	Done
13	Greet resident and family; confirm room assignment	AC		
14	Complete and sign all admission consent forms and resident rights documentation	AC / BOM		

15	Collect and copy all insurance cards (originals, not self-reported numbers)	BOM	YES	
16	Confirm physician admission orders are signed and on file	DON	YES	
17	Conduct nursing admission assessment	RN	YES	
18	Orient resident to room, call system, and meal schedule	RN		
19	Log admission in census system; notify billing of exact admission date	BOM	YES	

The Clinical and Compliance Window That Determines Reimbursement

The ARD is the single most consequential decision made in the first 48 hours. A rushed ARD locks in a lower PDPM grouping before therapy evaluations are complete.

#	Step	Owner	Billing Critical	Done
20	Set MDS 5-day assessment ARD (Assessment Reference Date)	MDS	YES	
21	Initiate interdisciplinary care plan	DON / MDS	YES	
22	Confirm physician initial visit is scheduled within required timeframe; document date	DON	YES	
23	Begin therapy evaluation if ordered (PT, OT, SLP)	Therapy	YES	
24	Verify HMO / Medicare Advantage authorization covers days being billed; log renewal window	BOM	YES	

Closing the Loop Before the Billing Cycle Opens

Triple Check (Step 25) is the final quality gate before the claim goes out. It requires MDS, billing, and clinical in the same conversation.

#	Step	Owner	Billing Critical	Done
25	Confirm Triple Check readiness: MDS, billing, and clinical documentation aligned	BOM / MDS / DON	YES	
26	Verify all physician orders are signed and authenticated in the medical record	DON	YES	
27	Confirm family has received all required notices, Medicare NOMNC if applicable	AC / BOM	YES	
28	Schedule follow-up with family at day 7 to 10	AC		

The 3 Failure Modes That Cause the Most Admissions Revenue Loss

Failure Mode	What Happens	Checklist Fix
Late Insurance Verification	Referral accepted clinically before coverage confirmed. Medicare Part A inactive. No clean billing path.	Steps 4, 5, 6 must complete before bed offer (Step 7)
Early ARD	ARD set within 24 hours. Therapy evals incomplete. Lower PDPM grouping locked in for entire stay.	Step 20: ARD is a collaborative clinical-billing decision, not a clerical task
Unauthenticated Physician Order	ADR arrives day 45. Orders in chart but never authenticated. Claim denied. 60-day appeal.	Steps 8, 16, 26: Authentication confirmed at three separate checkpoints

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