

SNF Eligibility Verification



Stop Revenue Leakage
Before a Bed Is Ever Confirmed

Confirm coverage, benefit days, and authorization requirements upfront – so every admission has a payer behind it.



What Does SNF Eligibility Verification Cover?



Coverage source
Original Medicare, Medicare Advantage, Medicaid or private pay.



Remaining Part A benefit days
Confirm available days for SNF coverage.



Authorization requirements
Identify prior authorization needs by payer.



Secondary or supplemental coverage
Check additional coverage for out-of-pocket costs.

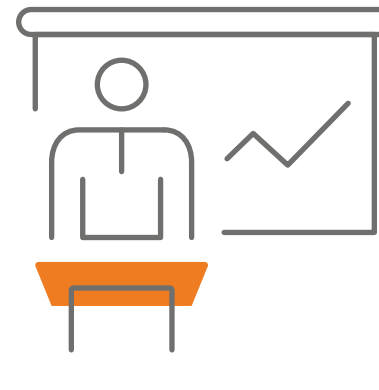
Key Medicare Rules for SNF Coverage



3-Day Hospital Stay
At least 3 consecutive inpatient days (Observation days don't count).



30-Day Admission Window
Admit within 30 days of hospital discharge.



Skilled Care Requirement
Must need daily skilled nursing or therapy.

Medicare Part A SNF Coverage

SNF Stay	Days Coverage	Beneficiary Cost
Days 1–20	Fully covered	\$0
Days 21–100	Covered with daily co-insurance	\$217/day
Days 101+	Not covered	100% patient responsibility



\$1,736 hospital deductible in 2026
A new 100-day benefit period starts after 60 days out of hospital and SNF.

Where SNF Eligibility Verification Breaks Down

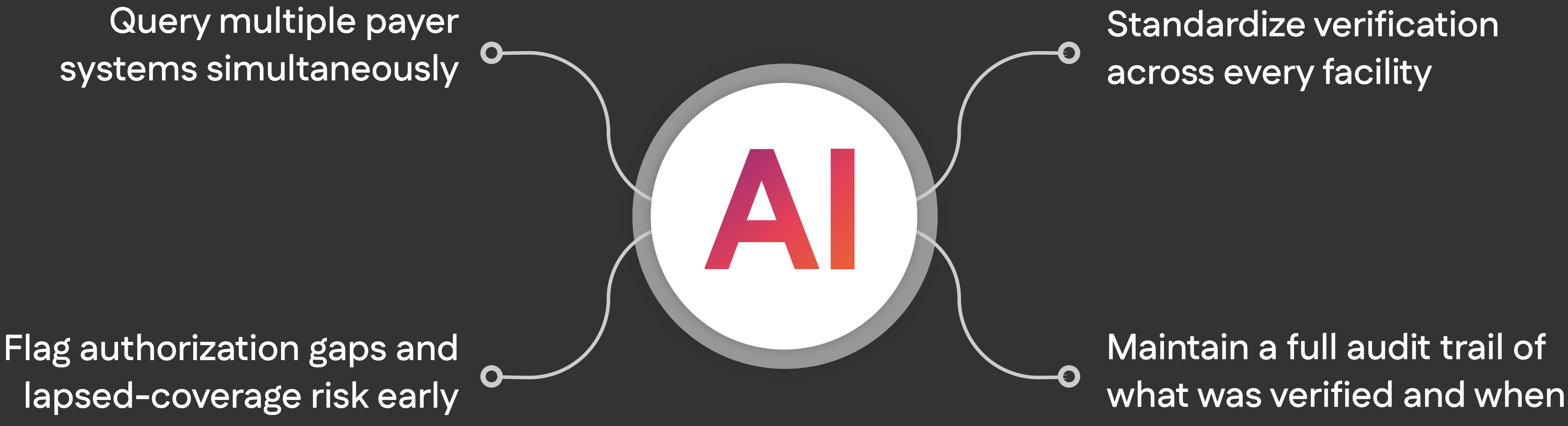


Prior authorization delays for Medicare Advantage
Often 48–72 hours for approval.

Multiple payer portals and manual checks
Different logins, hold times and processes for each payer.

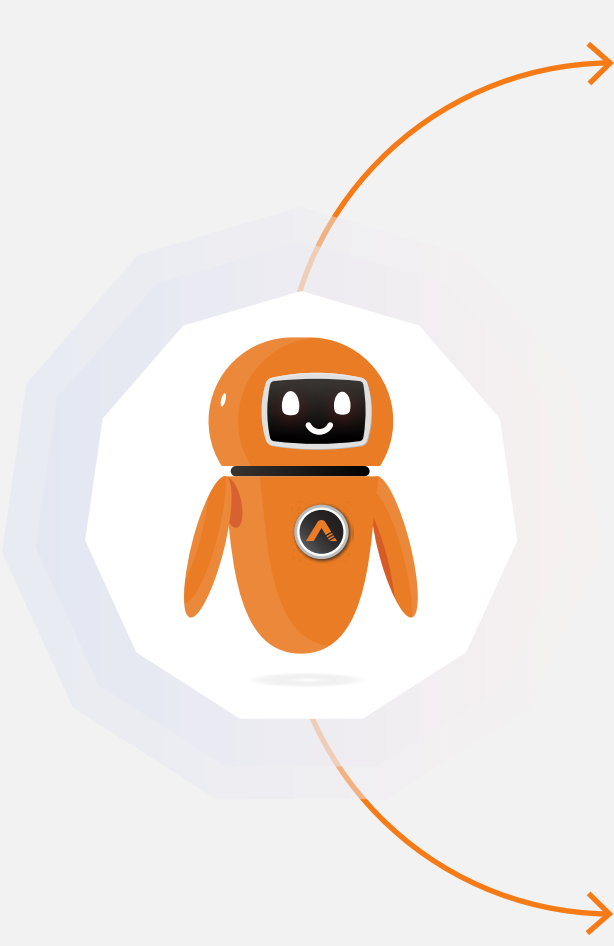
Unfunded admission risk
Incomplete verification can lead to denials and revenue loss.

How AI-Assisted Eligibility Verification Solves These Challenges



AutomationEdge Eligibility Verification CareFlo AI for SNFs

Automate eligibility checks, verify benefit days and authorization requirements, and streamline admissions – all as part of your SNF intake workflow.



Patient Eligibility



- Coverage Verified
- Benefit Days Confirmed
- Authorization Details Retrieved
- Audit Trail Saved

Explore SNF Solutions →