

**Medicare Skilled Nursing Facility Utilization by State<sup>1</sup>**  
**Calendar Year 2005**  
**(Continued)**

	Total Patients	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
MISSOURI	44,289	48,103	1,524,015	31.7	\$382,416,813	\$251	\$7,950
MONTANA	7,837	9,460	214,936	22.7	63,631,771	296	6,726
NEBRASKA	16,112	17,129	469,005	27.4	149,548,859	319	8,731
NEVADA	5,720	5,813	208,203	35.8	67,421,840	324	11,598
NEW HAMPSHIRE	9,876	10,777	333,999	31.0	111,226,690	333	10,321
NEW JERSEY	74,064	83,059	2,436,625	29.3	800,523,993	329	9,638
NEW MEXICO	6,412	6,495	216,525	33.3	57,659,233	266	8,877
NEW YORK	114,142	103,386	4,399,249	42.6	1,315,531,062	299	12,724
NORTH CAROLINA	54,491	49,944	2,065,359	41.4	538,333,381	261	10,779
NORTH DAKOTA	7,144	6,954	179,129	25.8	48,704,414	272	7,004
OHIO	105,962	113,530	3,793,253	33.4	1,055,651,770	278	9,298
OKLAHOMA	20,947	24,260	678,660	28.0	174,944,045	258	7,211
OREGON	14,915	16,612	412,554	24.8	137,877,172	334	8,300
PENNSYLVANIA	97,627	95,928	3,393,265	35.4	914,690,490	270	9,535
PUERTO RICO	1,688	1,761	32,845	18.7	5,419,075	165	3,077
RHODE ISLAND	7,573	7,649	270,843	35.4	81,450,122	301	10,648
SOUTH CAROLINA	23,484	23,598	897,931	38.1	234,916,098	262	9,955
SOUTH DAKOTA	7,963	8,772	190,193	21.7	64,651,377	340	7,370
TENNESSEE	44,244	51,991	1,741,717	33.5	434,372,500	249	8,355
TEXAS	105,605	115,206	4,129,002	35.8	1,092,098,831	264	9,480
UTAH	11,415	12,706	372,563	29.3	110,632,623	297	8,707
VERMONT	4,498	4,703	149,151	31.7	44,350,085	297	9,430
VIRGIN ISLANDS	81	80	1,321	16.5	335,097	254	4,189
VIRGINIA	44,177	44,174	1,594,446	36.1	437,824,071	275	9,911
WASHINGTON	30,479	32,550	998,337	30.7	319,400,521	320	9,813
WEST VIRGINIA	14,050	14,415	496,339	34.4	128,715,019	259	8,929
WISCONSIN	43,256	40,819	1,458,033	35.7	444,217,111	305	10,883
WYOMING	3,485	3,837	110,123	28.7	30,199,376	274	7,871

<sup>1</sup> Includes utilization and expenditure data for non-swing bed and swing bed services.

NOTES: Provider based data are derived from bills for services performed in 2005 and recorded in CMS central records as of June 2006. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data exclude no pay bills.