

**Table VII.13b**  
**Medicare Skilled Nursing Facility Utilization by State<sup>1</sup>**  
**Calendar Year 2010**  
**(Continued)**

	Total Patients	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
MISSOURI	46,513	50,356	1,699,094	34	\$560,627,884	\$330	\$11,133
MONTANA	6,833	7,307	203,786	28	79,458,127	390	10,874
NEBRASKA	17,247	18,184	560,159	31	225,449,255	402	12,398
NEVADA	9,391	10,203	328,450	32	141,153,698	430	13,835
NEW HAMPSHIRE	10,910	12,053	390,203	32	164,633,026	422	13,659
NEW JERSEY	80,241	92,794	2,799,664	30	1,288,048,921	460	13,881
NEW MEXICO	7,320	7,382	243,885	33	88,604,925	363	12,003
NEW YORK	113,868	110,797	4,155,082	38	1,634,832,509	393	14,755
NORTH CAROLINA	60,425	58,970	2,231,761	38	746,498,070	334	12,659
NORTH DAKOTA	6,436	6,045	183,066	30	66,960,810	366	11,077
OHIO	95,782	104,204	3,552,041	34	1,249,858,861	352	11,994
OKLAHOMA	22,166	23,614	770,773	33	258,056,872	335	10,928
OREGON	14,014	14,799	404,777	27	163,858,891	405	11,072
PENNSYLVANIA	93,551	93,745	3,399,546	36	1,194,172,983	351	12,739
PUERTO RICO	640	663	9,582	14	1,857,505	194	2,802
RHODE ISLAND	8,108	8,344	277,960	33	106,730,047	384	12,791
SOUTH CAROLINA	26,681	27,094	1,049,496	39	351,059,493	335	12,957
SOUTH DAKOTA	7,476	7,657	231,606	30	96,019,515	415	12,540
TENNESSEE	46,315	50,463	1,903,640	38	613,390,709	322	12,155
TEXAS	117,383	121,629	4,876,316	40	1,687,552,476	346	13,875
UTAH	10,587	11,205	334,577	30	126,445,072	378	11,285
VERMONT	5,065	5,454	167,109	31	70,997,707	425	13,018
VIRGINIA	50,801	53,267	1,840,243	35	628,726,229	342	11,803
WASHINGTON	32,981	34,297	1,130,837	33	496,739,102	439	14,483
WEST VIRGINIA	13,016	13,334	456,658	34	148,390,622	325	11,129
WISCONSIN	42,732	41,167	1,451,239	35	527,284,832	363	12,808
WYOMING	3,222	3,393	101,037	30	41,704,098	413	12,291
OTHER TERRITORIES/POSSESSIONS	159	158	4,061	26	1,084,662	267	6,865

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

NOTES: Provider based data are preliminary and are derived from bills for services performed in 2010 and recorded in CMS central records as of December 2010. 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.

SOURCES: CMS/OFM

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