

Table 36

Trends in Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Type of Entitlement: Selected Calendar Years 1967-2000

Type of Entitlement and Year	Covered Days of Care		Covered Charges		Total Medicare Program Payments in Millions	Program Payments				
	Number in Thousands	Per 1,000 HI Enrollees	Amount in Millions	Per Day		Amount in Millions	Percent of Covered Charges	Percent of Total Medicare Program Payments	Per HI Enrollee	Per Day
All Beneficiaries										
1967	19,997	1,026	---	---	\$4,239	\$313	---	7.4	\$16	\$16
1975	8,874	360	\$420	\$47	14,549	261	62.1	1.8	11	29
1983	9,032	305	897	99	53,438	456	50.9	0.9	15	51
1984	8,864	296	975	110	59,132	465	47.7	0.8	16	52
1986	7,770	249	1,123	144	68,583	501	44.6	0.7	16	65
1987	7,041	221	1,188	169	75,817	544	45.8	0.7	17	77
1988	11,802	364	1,982	168	80,595	964	48.7	1.2	30	82
1989	28,571	865	4,537	159	86,038	2,837	62.5	3.3	86	99
1990	21,242	630	4,263	201	101,419	1,827	42.9	1.8	54	86
1991	22,210	645	5,308	239	110,887	2,277	42.9	2.2	66	103
1992	25,271	719	6,904	273	132,951	3,128	45.3	2.4	89	124
1993	30,985	863	9,711	313	136,718	4,385	45.2	3.2	122	142
1994 ¹	36,091	1,072	12,864	356	147,106	5,904	45.9	4.0	175	164
1995 ¹	40,182	1,180	16,099	401	158,980	7,495	46.6	4.7	223	187
1996 ¹	45,883	1,378	20,134	439	167,063	9,095	47.5	5.4	273	208
1997 ¹	48,239	1,449	23,274	482	175,423	11,199	48.1	6.4	343	232
1998 ¹	45,429	1,421	22,516	496	168,164	11,224	49.9	6.7	351	247
1999 ¹	43,397	1,366	18,226	420	166,687	9,617	52.8	5.8	303	222
2000 ¹	44,834	1,387	18,208	406	174,261	10,651	58.5	6.1	329	238
Aged Beneficiaries										
1967	19,997	1,026	---	---	\$4,239	\$313	---	7.4	\$16	\$16
1975	8,585	382	\$406	\$47	13,056	252	62.0	1.9	11	29
1983	8,738	328	865	99	46,727	441	51.0	0.9	17	50
1984	8,578	361	940	110	52,118	449	47.8	0.9	17	52
1986	7,493	265	1,075	144	60,459	482	44.9	0.7	17	64
1987	6,875	235	1,136	167	67,893	524	46.1	0.8	18	77
1988	11,360	388	1,893	167	71,780	926	48.9	1.3	32	81
1989	27,216	911	4,300	158	76,356	2,698	62.7	3.5	90	99
1990	20,398	669	4,067	199	89,620	1,752	43.1	2.0	57	86
1991	21,391	689	5,076	237	98,059	2,187	43.1	2.2	70	102
1992	24,377	772	6,616	271	117,534	3,009	45.5	2.6	95	123

See footnotes at end of table.

Table 36—Continued
Trends in Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used
by Medicare Beneficiaries, by Type of Entitlement: Selected Calendar Years 1967-2000

Type of Entitlement and Year	Covered Days of Care		Covered Charges		Total Medicare Program Payments in Millions	Program Payments				
	Number in Thousands	Per 1,000 HI Enrollees	Amount in Millions	Per Day		Amount in Millions	Percent of Covered Charges	Percent of Total Medicare Program Payments	Per HI Enrollee	Per Day
Aged Beneficiaries										
1993	29,821	930	\$9,271	311	\$120,201	\$4,207	45.4	3.5	\$131	\$141
1994 ¹	34,667	1,169	12,247	353	128,069	5,650	46.1	4.4	191	163
1995 ¹	38,490	1,291	15,293	397	137,952	7,149	46.7	5.2	240	186
1996 ¹	43,842	1,518	19,084	435	144,485	9,094	47.7	6.3	315	207
1997 ¹	45,989	1,636	22,004	478	151,655	10,636	48.3	7.0	378	231
1998 ¹	43,206	1,580	21,245	492	144,418	10,647	50.1	7.4	389	246
1999 ¹	41,213	1,524	17,170	417	142,425	9,126	53.1	6.4	338	221
2000 ¹	42,443	1,548	17,109	403	148,488	10,097	59.0	6.8	368	238
Disabled Beneficiaries										
1975	289	133	\$15	\$51	\$1,492	\$10	64.7	0.6	\$4	\$33
1983	293	101	33	111	6,711	16	48.0	0.2	5	53
1984	286	99	35	123	7,014	15	44.0	0.2	5	54
1986	277	93	47	171	8,123	19	39.4	0.2	6	68
1987	256	84	51	201	7,923	21	40.0	0.2	7	81
1988	442	142	88	200	8,796	38	43.6	0.4	12	87
1989	1,355	427	237	175	9,682	139	58.8	1.4	44	103
1990	844	260	195	231	11,800	76	38.7	0.6	23	90
1991	819	242	232	283	12,828	90	38.6	0.7	26	109
1992	894	250	287	322	15,417	119	41.4	0.8	33	133
1993	1,164	302	440	378	16,517	177	40.3	1.1	46	152
1994 ¹	1,424	353	616	433	19,037	254	41.3	1.3	63	179
1995 ¹	1,692	399	806	476	21,029	347	43.0	1.6	82	205
1996 ¹	2,041	463	1,049	514	22,577	460	43.9	2.0	104	226
1997 ¹	2,250	500	1,270	564	23,768	563	44.3	2.4	125	250
1998 ¹	2,216	480	1,271	573	23,746	577	45.4	2.4	125	260
1999 ¹	2,184	461	1,056	484	24,262	491	46.5	2.0	104	225
2000 ¹	2,392	488	1,099	459	25,773	554	50.5	2.1	113	232

¹Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 37

Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Demographic Characteristics, Type of Entitlement, and Discharge Status: Calendar Year 2000

Demographic Characteristic, Type of Entitlement, and Discharge Status	Covered Admissions ¹		Covered Days of Care		
	Number	Per 1,000 HI Enrollees ²	Total in Thousands	Per 1,000 HI Enrollees ²	Per Admission
Total	1,936,127	60	44,834	1,387	23
Age					
Under 65 Years	99,922	20	2,302	469	23
65-69 Years	132,022	18	2,790	384	21
70-74 Years	216,664	32	4,578	677	21
75-79 Years	349,058	60	7,712	1,326	22
80-84 Years	425,491	108	9,877	2,502	23
85 Years or Over	712,970	197	17,576	4,853	25
Sex					
Male	663,304	47	14,654	1,042	22
Female	1,272,823	70	30,181	1,653	24
Race⁴					
White	1,699,560	61	38,738	1,400	23
Other	226,159	50	5,850	1,283	26
Type of Entitlement					
Aged ⁵	1,832,216	67	42,443	1,548	23
Disabled ⁶	103,911	21	2,392	487	23
Discharge Status					
Alive	1,808,832	NA	42,675	NA	24
Dead	127,295	NA	2,160	NA	17

¹Includes skilled nursing care admissions with at least 1 day of covered care under Medicare.

²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

³The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

⁴Excludes unknown race.

⁵Includes aged persons with end stage renal disease (ESRD).

⁶Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. NA is not applicable.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 37—Continued

**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled
Nursing Facility Services Used by Medicare Beneficiaries, by Demographic Characteristics, Type
of Entitlement, and Discharge Status: Calendar Year 2000**

Covered Charges			Program Payments			
Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Percent of Covered Charges	Per Admission ³	Per Day
\$18,207,530	\$9,404	\$406	\$10,651,274	59	\$5,511	\$238
1,058,475	10,593	460	534,337	51	5,354	232
1,283,734	9,724	460	667,562	52	5,067	239
2,076,424	9,584	454	1,104,960	53	5,111	241
3,315,597	9,499	430	1,854,185	56	5,322	240
3,979,725	9,353	403	2,351,691	59	5,537	238
6,493,575	9,108	369	4,138,539	64	5,814	235
6,182,157	9,320	422	3,492,981	57	5,277	238
12,025,373	9,448	398	7,158,294	60	5,633	237
15,729,533	9,255	406	9,214,566	59	5,431	238
2,382,628	10,535	407	1,378,854	58	6,111	236
17,108,695	9,338	403	10,096,779	59	5,520	238
1,098,835	10,575	459	554,495	51	5,343	232
17,343,789	9,588	406	10,136,948	58	5,614	238
863,742	6,785	400	514,326	60	4,046	238

Table 38
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used
by Medicare Beneficiaries, by Area of Residence: Calendar Year 2000

Area of Residence	Covered Admissions ¹		Covered Days of Care			Covered Charges			Program Payments		
	Number	Per 1,000 HI Enrollees ²	Number	Per 1,000 HI Enrollees ²	Per Admission	Amount	Per Admission	Per Day	Amount	Per Admission ³	Per Day
			in Thousands			in Thousands			in Thousands		
All Areas ⁴	1,936,127	60	44,834	1,387	23.2	\$18,207,301	\$9,404	\$406	\$10,651,274	\$5,511	\$238
United States	1,932,134	61	44,751	1,421	23.2	18,175,478	9,407	406	10,635,515	5,514	238
Northeast	428,357	68	11,262	1,782	26.3	4,284,292	10,002	380	2,787,264	6,522	247
Midwest	564,855	69	12,195	1,481	21.6	4,939,671	8,745	405	2,770,879	4,907	227
South	665,449	55	15,727	1,302	23.6	6,264,838	9,414	398	3,497,012	5,264	222
West	273,473	56	5,567	1,148	20.4	2,686,676	9,824	483	1,580,361	5,801	284
New England	137,383	80	3,495	2,043	25.4	1,367,841	9,956	391	849,428	6,194	243
Connecticut	34,452	84	1,083	2,638	31.4	391,650	11,368	362	254,218	7,387	235
Maine	13,391	63	295	1,386	22.0	111,214	8,305	377	66,702	4,983	226
Massachusetts	64,946	90	1,526	2,116	23.5	649,755	10,005	426	389,016	6,003	255
New Hampshire	10,243	62	241	1,455	23.5	95,477	9,321	396	59,904	5,859	249
Rhode Island	9,452	84	230	2,056	24.4	79,924	8,456	347	54,095	5,757	235
Vermont	4,899	55	120	1,352	24.4	39,821	8,128	333	25,492	5,207	213
Middle Atlantic	290,974	63	7,767	1,685	26.7	2,916,451	10,023	375	1,937,835	6,677	249
New Jersey	68,638	67	1,555	1,518	22.7	603,331	8,790	388	412,488	6,014	265
New York	110,292	53	3,650	1,744	33.1	1,224,442	11,102	335	931,412	8,465	255
Pennsylvania	112,044	75	2,562	1,716	22.9	1,088,679	9,717	425	593,935	5,322	232
East North Central	374,369	66	8,752	1,543	23.4	3,518,234	9,398	402	2,014,281	5,382	230
Illinois	104,203	73	2,137	1,505	20.5	1,032,876	9,912	483	515,307	4,946	241
Indiana	59,020	73	1,460	1,798	24.7	568,520	9,633	389	330,466	5,600	226
Michigan	57,347	44	1,726	1,309	30.1	610,513	10,646	354	374,014	6,526	217
Ohio	107,475	77	2,352	1,685	21.9	962,850	8,959	409	555,817	5,173	236
Wisconsin	46,324	64	1,077	1,480	23.3	343,475	7,415	319	238,678	5,153	222

See footnotes at end of table.

Table 38—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used
by Medicare Beneficiaries, by Area of Residence: Calendar Year 2000

Area of Residence	Covered Admissions ¹		Covered Days of Care			Covered Charges			Program Payments		
	Number	Per 1,000 HI Enrollees ²	Number	Per 1,000 HI Enrollees ²	Per Admission	Amount	Per Admission	Per Day	Amount	Per Admission ³	Per Day
			in Thousands			in Thousands			in Thousands		
West North Central	190,486	74	3,442	1,345	18.1	\$1,421,437	\$7,462	\$413	\$756,598	\$3,973	\$220
Iowa	33,702	74	492	1,077	14.6	215,820	6,404	438	110,449	3,277	224
Kansas	27,334	77	429	1,212	15.7	212,771	7,784	495	99,927	3,657	233
Minnesota	42,888	76	954	1,683	22.2	262,825	6,128	276	199,933	4,662	210
Missouri	50,515	70	935	1,297	18.5	498,072	9,860	533	216,975	4,297	232
Nebraska	18,766	77	323	1,329	17.2	135,624	7,227	420	71,141	3,793	221
North Dakota	7,790	78	133	1,325	17.1	45,101	5,790	339	23,998	3,081	180
South Dakota	9,491	81	176	1,498	18.6	51,225	5,397	291	34,175	3,603	194
South Atlantic	351,271	54	8,678	1,340	24.7	3,165,570	9,012	365	1,962,427	5,597	226
Delaware	4,938	45	133	1,218	26.9	41,717	8,448	314	31,158	6,319	235
District of Columbia	3,745	56	93	1,400	24.8	37,028	9,887	399	23,113	6,175	249
Florida	139,057	68	3,204	1,560	23.0	1,320,082	9,493	412	813,328	5,866	254
Georgia	36,847	43	950	1,102	25.8	304,281	8,258	320	195,450	5,309	206
Maryland	38,562	68	819	1,434	21.2	306,067	7,937	374	194,644	5,065	238
North Carolina	50,008	46	1,436	1,328	28.7	440,579	8,810	307	270,927	5,422	189
South Carolina	24,069	43	652	1,155	27.1	224,389	9,323	344	130,669	5,430	200
Virginia	36,536	43	989	1,160	27.1	332,842	9,110	336	217,418	5,952	220
West Virginia	17,509	56	401	1,284	22.9	158,586	9,057	395	85,720	4,897	214
East South Central	130,017	55	3,284	1,374	25.1	1,219,582	9,309	371	665,240	5,081	203
Alabama	29,268	47	840	1,353	28.7	281,318	9,612	335	164,159	5,614	195
Kentucky	35,891	62	812	1,405	22.6	302,865	8,438	373	167,196	4,659	206
Mississippi	20,560	50	498	1,210	24.2	202,509	9,850	406	95,372	4,648	191
Tennessee	45,298	58	1,134	1,456	25.0	432,890	9,556	382	238,514	5,267	210

See footnotes at end of table.

Table 38—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used
by Medicare Beneficiaries, by Area of Residence: Calendar Year 2000

Area of Residence	Covered Admissions ¹		Covered Days of Care			Covered Charges			Program Payments		
	Number	Per 1,000 HI Enrollees ²	Number	Per 1,000 HI Enrollees ²	Per Admission	Amount	Per Admission	Per Day	Amount	Per Admission ³	Per Day
			in Thousands			in Thousands			in Thousands		
West South Central	183,161	57	3,765	1,171	20.6	\$1,879,687	\$10,262	\$499	\$869,345	\$4,757	\$231
Arkansas	22,862	55	432	1,044	18.9	191,684	8,384	443	83,236	3,644	193
Louisiana	27,165	56	516	1,062	19.0	322,614	11,876	625	120,360	4,433	233
Oklahoma	26,004	58	462	1,024	17.8	242,977	9,344	525	105,867	4,072	229
Texas	107,130	57	2,354	1,263	22.0	1,122,411	10,477	477	559,882	5,245	238
Mountain	87,157	53	1,739	1,066	20.0	757,833	8,695	436	435,051	5,004	250
Arizona	20,256	47	361	841	17.8	175,947	8,686	488	95,244	4,742	264
Colorado	18,993	63	370	1,222	19.5	167,117	8,799	452	99,687	5,256	270
Idaho	10,396	70	228	1,524	21.9	81,019	7,793	356	50,995	4,909	224
Montana	9,410	69	169	1,240	17.9	57,773	6,140	343	36,201	3,847	215
Nevada	6,348	39	138	841	21.7	74,865	11,793	544	37,209	5,867	270
New Mexico	6,130	33	136	732	22.3	67,680	11,041	496	31,929	5,213	234
Utah	11,672	58	253	1,262	21.7	102,441	8,777	405	65,662	5,627	260
Wyoming	3,952	62	85	1,329	21.6	30,991	7,842	364	18,123	4,586	213
Pacific	186,316	58	3,828	1,189	20.5	1,928,843	10,353	504	1,145,310	6,174	299
Alaska	991	24	23	558	23.3	15,591	15,732	675	6,406	6,477	277
California	137,485	62	2,843	1,285	20.7	1,552,775	11,294	546	875,847	6,395	308
Hawaii	2,173	19	56	499	25.9	24,434	11,244	434	14,886	6,898	264
Oregon	13,964	46	243	795	17.4	89,073	6,379	366	67,421	4,844	277
Washington	31,703	58	662	1,211	20.9	246,971	7,790	373	180,749	5,742	273
Outlying Areas ⁴	3,993	5	83	98	20.8	32,053	8,027	386	15,760	3859	3,948

¹Reflects skilled nursing admissions with at least 1 day of covered care under Medicare.

²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

³The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

⁴Includes 50 States, District of Columbia, and outlying areas.

⁵Includes Puerto Rico, Guam, Virgin Islands, residence unknown, and outlying areas not shown separately.

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 39

**Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries,
by Area of Residence: Calendar Year 2000**

Area of Residence	Persons Served ¹			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000	With	Number	Per 1,000	Per Person with	Amount	Per 1,000	Per Person with
		HI Enrollees ²	Coinsurance		HI Enrollees ²	Coinsurance		HI Enrollees ²	Coinsurance
All Areas ³	1,400,385	43	707,775	23,237,934	719	33	\$2,258,041,164	\$69,846	\$3,190
United States	1,397,063	44	705,987	23,202,453	737	33	2,254,592,771	72,837	3,194
Northeast	310,076	49	169,475	6,200,375	981	37	602,636,175	95,335	3,556
Midwest	403,451	49	194,422	6,098,039	741	31	592,497,129	71,962	3,047
South	481,700	40	248,961	8,261,742	684	33	802,686,445	66,445	3,224
West	201,836	42	93,129	2,642,297	545	28	256,773,022	52,938	2,757
New England	98,912	58	53,796	1,897,002	1,109	35	184,374,083	107,769	3,427
Connecticut	25,283	62	14,784	652,308	1,588	44	63,413,372	154,388	4,289
Maine	10,077	47	5,227	135,084	634	26	13,130,894	61,642	2,512
Massachusetts	45,902	64	24,260	797,303	1,106	33	77,482,924	107,469	3,194
New Hampshire	7,557	46	3,954	126,571	765	32	12,299,741	74,310	3,111
Rhode Island	6,583	59	3,709	119,654	1,068	32	11,625,816	103,783	3,134
Vermont	3,510	40	1,862	66,082	746	36	6,421,336	72,525	3,449
Middle Atlantic	211,164	46	115,679	4,303,373	933	37	418,262,092	90,721	3,616
New Jersey	48,540	47	26,205	763,453	745	29	74,190,818	72,429	2,831
New York	82,570	39	48,025	2,230,782	1,066	47	216,848,641	103,614	4,515
Pennsylvania	80,054	54	41,449	1,309,138	877	32	127,222,633	85,198	3,069
East North Central	267,936	47	136,742	4,532,152	799	33	440,404,866	77,618	3,221
Illinois	73,042	51	34,951	1,033,186	727	30	100,378,190	70,676	2,872
Indiana	42,403	52	21,524	791,915	975	37	76,958,597	94,784	3,575
Michigan	42,179	32	24,334	1,007,179	764	41	97,899,580	74,278	4,023
Ohio	75,740	54	38,404	1,163,009	833	30	113,004,623	80,959	2,943
Wisconsin	34,572	47	17,528	536,863	737	31	52,163,876	71,652	2,976

See footnotes at end of table.

Table 39—Continued

**Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries,
by Area of Residence: Calendar Year 2000**

Area of Residence	Persons Served ¹			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000	With	Number	Per 1,000	Per Person with	Amount	Per 1,000	Per Person with
		HI Enrollees ²	Coinsurance		HI Enrollees ²	Coinsurance		HI Enrollees ²	Coinsurance
West North Central	135,515	53	57,680	1,565,887	612	27	\$152,092,263	\$59,425	\$2,637
Iowa	24,281	53	8,853	194,443	425	22	18,888,525	41,328	2,134
Kansas	19,447	55	7,676	175,997	497	23	17,085,201	48,241	2,226
Minnesota	30,902	55	14,875	481,138	849	32	46,717,028	82,452	3,141
Missouri	35,149	49	15,756	428,374	594	27	41,621,048	57,749	2,642
Nebraska	13,510	56	5,399	142,750	588	26	13,870,590	57,123	2,569
North Dakota	5,616	56	2,248	59,391	592	26	5,768,854	57,459	2,566
South Dakota	6,610	56	2,873	83,794	712	29	8,141,017	69,179	2,834
South Atlantic	257,414	40	139,709	4,584,799	708	33	445,502,157	68,803	3,189
Delaware	3,686	34	1,953	71,897	659	37	6,988,995	64,084	3,579
District of Columbia	2,707	41	1,431	49,685	749	35	4,827,171	72,786	3,373
Florida	99,709	49	54,166	1,624,831	791	30	157,899,819	76,854	2,915
Georgia	26,843	31	14,602	520,447	603	36	50,520,178	58,552	3,460
Maryland	27,864	49	14,077	398,441	698	28	38,713,977	67,774	2,750
North Carolina	37,672	35	21,533	822,539	761	38	79,949,536	73,925	3,713
South Carolina	18,379	33	10,160	359,468	637	35	34,931,571	61,892	3,438
Virginia	27,790	33	15,455	530,413	622	34	51,546,050	60,433	3,335
West Virginia	12,764	41	6,332	207,078	663	33	20,124,860	64,453	3,178
East South Central	94,320	39	48,579	1,791,575	750	37	174,089,301	72,850	3,584
Alabama	21,984	35	11,800	466,331	751	40	45,323,280	73,013	3,841
Kentucky	24,979	43	12,471	434,932	752	35	42,264,871	73,080	3,389
Mississippi	14,769	36	7,360	270,038	655	37	26,227,078	63,655	3,563
Tennessee	32,588	42	16,948	620,274	797	37	60,274,072	77,415	3,556

See footnotes at end of table.

Table 39—Continued

Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2000

Area of Residence	Persons Served ¹			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000	With	Number	Per 1,000	Per Person with	Amount	Per 1,000	Per Person with
		HI Enrollees ²	Coinsurance		HI Enrollees ²	Coinsurance		HI Enrollees ²	Coinsurance
West South Central	129,965	40	60,673	1,885,368	586	31	\$183,094,987	\$56,938	\$3,018
Arkansas	16,197	39	7,536	206,936	499	28	20,092,112	48,494	2,666
Louisiana	19,093	39	8,468	254,899	525	30	24,739,014	50,910	2,921
Oklahoma	18,953	42	7,955	208,174	461	26	20,207,994	44,738	2,540
Texas	75,722	41	36,714	1,215,359	652	33	118,055,867	63,344	3,216
Mountain	64,950	40	29,602	814,579	499	28	79,161,887	48,522	2,674
Arizona	15,502	36	7,454	147,352	344	20	14,318,097	33,383	1,921
Colorado	13,718	45	6,210	170,151	563	27	16,534,173	54,662	2,663
Idaho	7,506	50	3,396	119,910	803	35	11,653,234	78,000	3,431
Montana	6,940	51	2,899	75,074	552	26	7,294,756	53,614	2,516
Nevada	4,836	30	2,294	66,225	405	29	6,435,325	39,317	2,805
New Mexico	4,775	26	2,217	65,020	349	29	6,319,336	33,898	2,850
Utah	8,761	44	3,875	128,723	642	33	12,513,476	62,430	3,229
Wyoming	2,912	45	1,257	42,124	657	34	4,093,490	63,861	3,257
Pacific	136,886	43	63,527	1,827,718	568	29	177,611,135	55,176	2,796
Alaska	775	19	379	11,639	281	31	1,131,221	27,311	2,985
California	99,092	45	46,445	1,395,044	631	30	135,561,906	61,291	2,919
Hawaii	1,788	16	891	29,258	259	33	2,843,940	25,185	3,192
Oregon	11,198	37	4,873	87,152	285	18	8,467,569	27,672	1,738
Washington	24,033	44	10,938	304,625	557	28	29,606,499	54,135	2,707
Outlying Areas ⁴	3,322	4	1,788	35,481	42	20	3,448,393	4,091	1,929

¹Number of beneficiaries receiving Medicare skilled nursing facility services.

²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

³Includes 50 States, District of Columbia, and outlying areas.

⁴Includes Puerto Rico, Guam, Virgin Islands, foreign countries, and other outlying areas.

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 40

**Covered Persons, Covered Admissions, Covered Days of Care, Covered Charges, Coinsurance and Program Payments for
Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Type of Entitlement and Covered Days of Care:
Calendar Year 2000**

Type of Entitlement and Covered Days of Care	Persons ¹	Covered Admissions ²	Covered Days of Care			Covered Charges	
			Number	Per Admission	Per Person	Amount in Thousands	Per Admission
All Beneficiaries							
Total	1,400,385	1,936,127	44,834,467	23.2	32.0	\$18,207,530	\$9,404
1-8 Days	408,789	544,284	2,678,887	4.9	6.6	1,745,400	3,207
9-20 Days	483,514	647,650	9,028,585	13.9	18.7	4,845,540	7,482
21-40 Days	293,202	426,469	12,171,595	28.5	41.5	5,002,168	11,729
41-60 Days	105,136	161,645	7,974,653	49.3	75.9	2,721,876	16,839
61-80 Days	44,569	72,454	5,036,477	69.5	113.0	1,584,915	21,875
81 Days or More	65,175	83,625	7,944,270	95.0	121.9	2,307,630	27,595
Aged							
Total	1,326,406	1,832,216	42,442,647	23.2	32.0	17,108,695	9,338
1-8 Days	384,768	511,766	2,523,705	4.9	6.6	1,627,390	3,180
9-20 Days	458,912	613,924	8,558,925	13.9	18.7	4,553,920	7,418
21-40 Days	279,619	406,209	11,591,541	28.5	41.5	4,718,569	11,616
41-60 Days	99,989	153,543	7,574,193	49.3	75.8	2,567,974	16,725
61-80 Days	42,226	68,539	4,764,053	69.5	112.8	1,491,692	21,764
81 Days or More	60,892	78,235	7,430,230	95.0	122.0	2,149,150	27,470
Disabled							
Total	73,979	103,911	2,391,820	23.0	32.3	1,098,835	10,575
1-8 Days	24,021	32,518	155,182	4.8	6.5	118,010	3,629
9-20 Days	24,602	33,726	469,660	13.9	19.1	291,620	8,647
21-40 Days	13,583	20,260	580,054	28.6	42.7	283,599	13,998
41-60 Days	5,147	8,102	400,460	49.4	77.8	153,902	18,996
61-80 Days	2,343	3,915	272,424	69.6	116.3	93,223	23,812
81 Days or More	4,283	5,390	514,040	95.4	120.0	158,481	29,403

See footnotes at end of table.

Table 40—Continued
Covered Persons, Covered Admissions, Covered Days of Care, Covered Charges, Coinsurance and Program Payments for
Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Type of Entitlement and Covered Days of Care:
Calendar Year 2000

Covered Charges		Coinsurance Payments				Program Payments			
Per Person	Per Day	Amount in Thousands	Per Admission	Per Person	Per Day	Amount in Thousands	Per Admission ³	Per Person	Per Day
\$13,002	\$406	\$2,258,041	\$1,166	\$1,612	\$50	\$10,651,274	\$5,511	\$7,606	\$238
4,270	652	29,247	54	72	11	749,364	1,380	1,833	280
10,022	537	137,532	212	284	15	2,516,835	3,894	5,205	279
17,060	411	541,280	1,269	1,846	44	3,008,041	7,061	10,259	247
25,889	341	539,479	3,337	5,131	68	1,749,459	10,831	16,640	219
35,561	315	387,625	5,350	8,697	77	1,041,977	14,390	23,379	207
35,407	290	622,877	7,448	9,557	78	1,585,598	18,968	24,328	200
12,899	403	2,132,305	1,164	1,608	50	10,096,779	5,520	7,612	238
4,230	645	27,391	54	71	11	706,453	1,384	1,836	280
9,923	532	129,631	211	282	15	2,388,604	3,898	5,205	279
16,875	407	514,291	1,266	1,839	44	2,867,694	7,068	10,256	247
25,683	339	511,900	3,334	5,120	68	1,663,550	10,842	16,637	220
35,326	313	366,508	5,347	8,680	77	986,546	14,402	23,363	207
35,294	289	582,583	7,447	9,567	78	1,483,933	18,975	24,370	200
14,853	459	125,737	1,210	1,700	53	554,495	5,343	7,495	232
4,913	760	1,856	57	77	12	42,911	1,322	1,786	277
11,854	621	7,901	234	321	17	128,231	3,807	5,212	273
20,879	489	26,989	1,332	1,987	47	140,347	6,933	10,333	242
29,901	384	27,580	3,404	5,358	69	85,909	10,611	16,691	215
39,788	342	21,117	5,394	9,013	78	55,432	14,177	23,658	203
37,002	308	40,294	7,476	9,408	78	101,665	18,865	23,737	198

¹Number of beneficiaries receiving Medicare skilled nursing facility covered services.

²Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

³The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

NOTE: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 41
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2000

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Total All Diagnoses ⁴	---	1,936,127	100.0
Leading Diagnoses ⁵	---	1,539,933	79.5
Infectious and Parasitic Diseases (MDC 1)	001-139	30,554	1.6
Septicemia	038	19,299	1.0
Other	---	11,255	0.6
Neoplasms (MDC 2)	140-239	73,809	3.8
Malignant Neoplasm of Colon	153	6,704	0.3
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	4,614	0.2
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	11,570	0.6
Malignant Neoplasm of Female Breast	174	3,657	0.2
Malignant Neoplasm of Prostate	185	3,894	0.2
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	6,728	0.3
Other	---	36,642	1.9
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	82,544	4.3
Diabetes	250	39,334	2.0
Nutritional Deficiencies	260-263	3,981	0.2
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	28,609	1.5
Other	---	10,620	0.5
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	14,700	0.8
Other and Unspecified Anemias	285	8,454	0.4
Other	---	6,246	0.3
Mental Disorders (MDC 5)	290-319	47,055	2.4
Senile and Prosenile Organic Psychotic Conditions	290	14,923	0.8
Other Organic Psychotic Conditions (Chronic)	294	9,046	0.5
Other Non-Organic Psychoses	298	4,408	0.2
Other	---	18,678	1.0
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	48,832	2.5
Other Cerebral Degenerations	331	13,844	0.7
Parkinson's Disease	332	11,401	0.6
Hemiplegia	342	3,832	0.2
Other	---	19,755	1.0

See footnotes at end of table.

Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2000

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
44,834	1,387	23	\$18,207,530	\$9,404	\$406	\$10,651,274	\$5,511	\$238
35,597	1,101	23	14,582,199	9,469	410	8,494,388	5,525	239
649	20	21	308,384	10,093	475	157,350	5,160	242
397	12	21	193,908	10,048	488	97,543	5,064	246
252	8	22	114,476	10,171	454	59,807	5,324	237
1,478	46	20	623,553	8,448	422	347,320	4,715	235
123	4	18	53,497	7,980	435	30,183	4,506	245
97	3	21	36,715	7,957	380	22,549	4,899	233
208	6	18	95,428	8,248	458	49,139	4,257	236
89	3	24	30,289	8,282	340	20,022	5,495	225
88	3	23	31,514	8,093	357	20,197	5,197	229
111	3	16	67,363	10,012	609	27,847	4,147	252
763	24	21	308,747	8,426	405	177,382	4,850	233
2,134	66	26	754,504	9,141	354	475,660	5,772	223
1,075	33	27	385,050	9,789	358	235,039	5,984	219
109	3	27	41,569	10,442	381	23,272	5,853	213
676	21	24	234,708	8,204	347	155,440	5,443	230
274	8	26	93,177	8,774	340	61,909	5,844	226
359	11	24	124,498	8,469	347	80,574	5,491	225
217	7	26	70,696	8,362	326	48,758	5,780	225
142	4	23	53,803	8,614	380	31,816	5,101	225
1,353	42	29	390,924	8,308	289	288,069	6,132	213
447	14	30	125,456	8,407	280	96,063	6,452	215
256	8	28	73,117	8,083	286	53,831	5,957	211
127	4	29	36,895	8,370	290	27,600	6,276	217
522	16	28	155,456	8,323	298	110,575	5,928	212
1,429	44	29	474,133	9,709	332	327,547	6,720	229
395	12	29	110,149	7,956	279	83,857	6,072	212
343	11	30	112,439	9,862	328	79,785	7,009	233
141	4	37	49,920	13,027	354	35,483	9,277	251
550	17	28	201,625	10,206	366	128,422	6,511	233

Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2000

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Diseases of the Circulatory System (MDC 7)	390-459	417,192	21.5
Essential Hypertension	401	25,131	1.3
Acute Myocardial Infarction	410	22,361	1.2
Ischemic Heart Disease	414	27,024	1.4
Cardiac Dysrhythmia	427	25,161	1.3
Heart Failure	428	93,765	4.8
III-Defined Descriptions and Complication of Heart Disease	429	4,139	0.2
Intracranial Hemorrhage	431	4,360	0.2
Occlusion of Cerebral Arteries	434	9,878	0.5
Transient Cerebral Ischemia	435	10,368	0.5
Acute, But III-Defined, Cerebrovascular Disease	436	90,653	4.7
Other and III-Defined Cerebrovascular Disease	437	3,529	0.2
Late Effects of Cerebrovascular Disease	438	27,236	1.4
Atherosclerosis	440	4,832	0.2
Other Peripheral Vascular Disease	443	9,736	0.5
Venous Embolism and Thrombosis	453	8,392	0.4
Other	---	50,627	2.6
Diseases of the Respiratory System (MDC 8)	460-519	218,277	11.3
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	9,189	0.5
Pneumonia, Organism Unspecified	486	90,147	4.7
Chronic Bronchitis	491	15,924	0.8
Chronic Airway Obstruction	496	40,241	2.1
Pneumonitis Due to Solids and Liquids	507	15,790	0.8
Other Diseases of Lung	518	14,600	0.8
Other	---	32,386	1.7
Diseases of the Digestive System (MDC 9)	520-579	82,203	4.2
Intestinal Obstruction Without Mention of Hernia	560	11,096	0.6
Diverticula of Intestine	562	6,815	0.4
Gastrointestinal Hemorrhage	578	19,860	1.0
Other	---	44,432	2.3

See footnotes at end of table.

Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2000

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
10,499	325	25	\$3,916,117	\$9,387	\$373	\$2,466,322	\$5,923	\$235
705	22	28	223,975	8,912	318	161,797	6,449	229
424	13	19	173,483	7,758	409	102,069	4,575	241
569	18	21	224,453	8,306	395	139,690	5,180	246
590	18	23	210,062	8,349	356	137,282	5,464	233
2,057	64	22	760,039	8,106	369	468,227	5,002	228
116	4	28	37,347	9,023	322	24,767	6,001	214
120	4	28	48,574	11,141	404	29,469	6,771	245
201	6	20	109,520	11,087	545	52,495	5,320	261
255	8	25	89,719	8,653	352	60,802	5,875	238
2,868	89	32	996,343	10,991	347	676,946	7,484	236
108	3	31	35,563	10,077	330	24,253	6,884	225
809	25	30	324,621	11,919	401	194,973	7,176	241
90	3	19	55,639	11,515	617	22,600	4,692	251
266	8	27	94,122	9,667	353	60,367	6,220	227
196	6	23	71,170	8,481	362	44,431	5,299	226
1,123	35	22	461,485	9,115	411	266,153	5,267	237
4,656	144	21	1,931,346	8,848	415	1,080,394	4,959	232
155	5	17	93,987	10,228	607	37,259	4,059	241
1,900	59	21	748,053	8,298	394	446,114	4,960	235
240	7	15	151,363	9,505	630	59,161	3,719	246
988	31	25	339,203	8,429	343	216,109	5,379	219
349	11	22	163,601	10,361	468	82,629	5,239	237
345	11	24	171,354	11,737	497	84,533	5,799	245
678	21	21	263,786	8,145	389	154,590	4,783	228
1,743	54	21	677,310	8,239	389	409,461	4,990	235
231	7	21	90,145	8,124	390	54,822	4,949	237
133	4	20	56,285	8,259	423	32,054	4,708	241
465	14	23	151,881	7,648	326	106,472	5,373	229
914	28	21	378,998	8,530	415	216,113	4,873	237

Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2000

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	80,705	4.2
Chronic Renal Failure	585	11,083	0.6
Renal Failure, Unspecified	586	7,799	0.4
Other Disorders of Urethra and Urinary Tract	599	42,606	2.2
Other	---	19,217	1.0
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	50,030	2.6
Other Cellulitis and Abscess	682	25,330	1.3
Chronic Ulcer of Skin	707	21,846	1.1
Other	---	2,854	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	131,832	6.8
Osteoarthritis and Allied Disorders	715	48,245	2.5
Other and Unspecified Disorders of Joint	719	12,550	0.6
Spinal Stenosis	724	14,804	0.8
Disorders of Muscle, Ligament, and Fascia	728	10,064	0.5
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	6,849	0.4
Other Disorders of Bone and Cartilage	733	16,006	0.8
Other	---	23,314	1.2
Congenital Anomalies (MDC 14)	740-759	3,387	0.2
Other Ill Defined Conditions (MDC 16)	780-799	127,975	6.6
General Symptoms	780	53,320	2.8
Symptoms Involving Nervous and Musculoskeletal Systems	781	16,870	0.9
Symptom Disorders of Cardiovascular System	785	4,247	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	7,914	0.4
Symptoms Involving Digestive System	787	10,346	0.5
Other	---	35,278	1.8
Injury and Poisoning (MDC 17)	800-999	257,696	13.3
Fracture, Vertebra	805	12,895	0.7
Fracture, Pelvis	808	15,261	0.8
Fracture, Humerus	812	11,618	0.6
Fracture, Neck of Femur	820	120,261	6.2
Fracture, Shaft of Femur	821	14,628	0.8
Fracture, Tibia, Fibula	823	6,420	0.3
Fracture of Ankle	824	7,376	0.4
Amputation	897	5,765	0.3
Other	---	63,472	3.3

See footnotes at end of table.

Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2000

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
1,915	59	24	\$663,023	\$8,215	\$346	\$440,139	\$5,465	\$230
280	9	25	89,973	8,118	321	61,382	5,551	219
191	6	25	59,710	7,656	313	41,989	5,398	220
1,024	32	24	352,252	8,268	344	239,479	5,631	234
420	13	22	161,088	8,383	383	97,289	5,074	231
1,374	43	28	556,444	11,122	405	311,638	6,242	227
598	19	24	250,665	9,896	419	141,793	5,612	237
708	22	32	277,966	12,724	393	153,976	7,058	218
69	2	24	27,813	9,745	403	15,869	5,576	230
2,759	85	21	1,163,140	8,823	422	686,592	5,219	249
776	24	16	351,187	7,279	452	208,191	4,327	268
309	10	25	117,932	9,397	382	74,573	5,950	242
306	9	21	119,799	8,092	392	76,642	5,186	251
270	8	27	99,961	9,932	371	62,571	6,223	232
189	6	28	103,954	15,178	549	45,035	6,595	238
377	12	24	150,957	9,431	401	90,454	5,656	240
532	16	23	219,350	9,409	412	129,128	5,551	243
82	3	24	27,597	8,148	336	19,325	5,714	235
3,203	99	25	1,157,147	9,042	361	754,778	5,907	236
1,271	39	24	465,514	8,731	366	302,826	5,688	238
423	13	25	167,382	9,922	396	106,335	6,131	251
117	4	27	39,345	9,264	338	26,139	6,177	224
178	6	23	63,473	8,020	356	40,705	5,154	228
335	10	32	99,703	9,637	298	70,848	6,858	212
880	27	25	321,729	9,120	366	207,925	5,903	236
7,383	228	29	2,777,581	10,779	376	1,781,964	6,926	241
315	10	24	116,330	9,021	369	75,738	5,880	240
404	13	27	151,229	9,909	374	99,613	6,532	246
369	11	32	130,428	11,226	353	87,962	7,576	238
3,644	113	30	1,321,614	10,990	363	887,060	7,389	243
485	15	33	168,333	11,508	347	114,115	7,823	235
219	7	34	78,542	12,234	359	51,937	8,101	237
223	7	30	81,583	11,061	366	53,581	7,274	241
191	6	33	59,339	10,293	311	40,558	7,049	213
1,533	47	24	670,183	10,559	437	371,400	5,861	242

Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2000

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Supplementary Classification of Factors Influencing			
Health Status and Contact with Health Services	V01-V82	267,322	13.8
Organ of Tissue Replaced by Other Means	V43	10,422	0.5
Orthopedic Aftercare	V54	9,475	0.5
Breathing Exercises	V57	185,012	9.6
Encounter for Other and Unspecified Procedures and Aftercare	V58	37,446	1.9
Convalescence	V66	8,950	0.5
Other	---	16,017	0.8

¹Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

²ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first listed or principal diagnosis has been used.

³The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

⁴Includes invalid codes not shown separately.

⁵Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or special interest.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. MDCs 11 and 15 were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2000

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admis- sion ³	Per Day
3,765	116	14	\$2,645,037	\$9,895	\$703	\$1,011,706	\$3,788	\$269
202	6	19	79,776	7,655	394	51,398	4,939	254
180	6	19	106,573	11,248	591	48,348	5,120	268
2,345	73	13	1,848,013	9,989	788	659,016	3,564	281
456	14	12	393,877	10,519	864	126,177	3,374	277
132	4	15	67,574	7,550	513	30,019	3,356	228
450	14	28	149,224	9,317	331	96,748	6,047	215

Table 42
Covered Admissions and Total Charges for Medicare Skilled Nursing Facility Admissions, by Covered Days of Care and Type of Service: Calendar Year 2000

Covered Days of Care	All Services	Accommodations	Type of Ancillary Service								
			Total	Pharmacy	Laboratory	Radiology	Supply	Inhalation Therapy	Rehabilitation ¹	Other ²	
					Number of Admissions ³						
Total	1,936,127	1,936,115	1,909,735	1,806,693	1,092,107	445,600	1,194,613	283,735	1,638,612	280,149	
1-8 Days	544,284	544,272	524,941	483,362	263,996	86,933	315,437	108,164	392,747	77,079	
9-20 Days	647,650	647,650	642,299	605,655	379,719	153,823	405,002	106,559	565,661	105,416	
21-40 Days	426,469	426,469	425,225	408,171	247,747	108,975	263,047	45,117	390,251	56,918	
41-60 Days	161,645	161,645	161,398	157,078	98,135	44,736	103,740	12,431	149,221	19,286	
61-80 Days	72,454	72,454	72,375	70,784	46,349	22,439	49,332	5,345	66,523	9,370	
81 Days or More	83,625	83,625	83,497	81,643	56,161	28,694	58,055	6,119	74,209	12,080	
					Total Charges in Thousands						
Total	\$18,434,442	\$9,595,767	\$8,838,892	\$2,446,438	\$513,525	\$171,248	\$623,985	\$384,174	\$4,535,331	\$164,190	
1-8 Days	1,776,258	772,244	1,004,078	348,319	88,246	27,388	100,297	73,092	341,211	25,526	
9-20 Days	4,898,057	2,300,827	2,597,310	771,156	198,767	60,955	221,910	152,696	1,138,468	53,357	
21-40 Days	5,060,271	2,571,372	2,488,943	678,250	137,635	47,276	161,035	94,674	1,328,491	41,582	
41-60 Days	2,754,410	1,520,578	1,233,847	297,101	44,803	17,233	59,014	30,858	767,740	17,099	
61-80 Days	1,605,517	937,794	667,731	152,884	19,908	8,250	32,089	14,498	430,267	9,836	
81 Days or More	2,339,928	1,492,951	846,983	198,730	24,165	10,147	49,640	18,356	529,155	16,791	
					Percent of Charges						
Total	100.0	52.1	47.9	13.3	2.8	0.9	3.4	2.1	24.6	0.9	
1-8 Days	100.0	43.5	56.5	19.6	5.0	1.5	5.6	4.1	19.2	1.4	
9-20 Days	100.0	47.0	53.0	15.7	4.1	1.2	4.5	3.1	23.2	1.1	
21-40 Days	100.0	50.8	49.2	13.4	2.7	0.9	3.2	1.9	26.3	0.8	
41-60 Days	100.0	55.2	44.8	10.8	1.6	0.6	2.1	1.1	27.9	0.6	
61-80 Days	100.0	58.4	41.6	9.5	1.2	0.5	2.0	0.9	26.8	0.6	
81 Days or More	100.0	63.8	36.2	8.5	1.0	0.4	2.1	0.8	22.6	0.7	

See footnotes at end of table.

Table 42—Continued
Covered Admissions and Total Charges for Medicare Skilled Nursing Facility Admissions, by Covered Days of Care and Type of Service: Calendar Year 2000

Covered Days of Care	All Services	Accommodations	Type of Ancillary Service							Other ²
			Total	Pharmacy	Laboratory	Radiology	Supply	Inhalation Therapy	Rehabilitation ¹	
			Average Total Charge per Admission							
Total	\$9,521	\$4,956	\$4,628	\$1,354	\$470	\$384	\$522	\$1,354	\$2,768	\$586
1-8 Days	3,263	1,419	1,913	721	334	315	318	676	869	331
9-20 Days	7,563	3,553	4,044	1,273	523	396	548	1,433	2,013	506
21-40 Days	11,866	6,029	5,853	1,662	556	434	612	2,098	3,404	731
41-60 Days	17,040	9,407	7,645	1,891	457	385	569	2,482	5,145	887
61-80 Days	22,159	12,943	9,226	2,160	430	368	650	2,712	6,468	1,050
81 Days or More	27,981	17,853	10,144	2,434	430	354	855	3,000	7,131	1,390

¹Includes physical therapy, speech therapy, and occupational therapy.

²Includes services such as blood and blood components, etc.

³Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to total because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 43
Number of Medicare Skilled Nursing Facilities (SNF) and Swing-Bed Hospitals Providing SNF Services, Covered Admissions, Covered Days of Care, and Program Payments, by Type of Facility and Bedsize: Calendar Year 2000

Type of Facility and Bed Size	Number of Facilities	Covered Admissions ¹		Covered Days of Care			Program Payments			
		Number	Percent	Number in Thousands	Percent	Per Admission	Amount in Thousands	Percent	Per Admissions ²	Per Day
SNFs										
Total	14,841	1,824,281	100.0	43,811	100.0	24.0	\$10,404,381	100.0	\$5,714	\$237
1-49 Beds	7,833	964,224	52.9	20,303	46.3	21.1	4,923,978	47.3	5,111	243
50-99 Beds	3,961	418,006	22.9	10,751	24.5	25.7	2,487,635	23.9	5,963	231
100-149 Beds	1,908	228,951	12.6	6,430	14.7	28.1	1,441,017	13.9	6,306	224
150-199 Beds	638	102,805	5.6	2,877	6.6	28.0	668,406	6.4	6,547	232
200 Beds or More	501	110,295	6.0	3,450	7.9	31.3	883,346	8.5	8,039	256
Hospital Based										
Total	1,876	490,499	100.0	6,647	100.0	13.6	1,884,003	100.0	3,846	283
1-49 Beds	1,414	390,782	79.7	4,859	73.1	12.4	1,414,913	75.1	3,624	291
50-99 Beds	298	65,268	13.3	1,032	15.5	15.8	284,415	15.1	4,372	275
100-149 Beds	94	18,821	3.8	359	5.4	19.1	85,399	4.5	4,539	238
150-199 Beds	32	6,596	1.3	140	2.1	21.3	34,264	1.8	5,198	244
200 Beds or More	38	9,032	1.8	255	3.8	28.3	65,011	3.5	7,211	255
Non-Hospital Based										
Total	12,965	1,333,782	100.0	37,164	100.0	27.9	8,520,378	100.0	6,401	229
1-49 Beds	6,419	573,442	43.0	15,444	41.6	26.9	3,509,064	41.2	6,125	227
50-99 Beds	3,663	352,738	26.4	9,718	26.1	27.6	2,203,219	25.9	6,258	227
100-149 Beds	1,814	210,130	15.8	6,071	16.3	28.9	1,355,618	15.9	6,464	223
150-199 Beds	606	96,209	7.2	2,737	7.4	28.4	634,143	7.4	6,640	232
200 Beds or More	463	101,263	7.6	3,195	8.6	31.5	818,334	9.6	8,113	256
Swing-Bed Hospitals³										
Total	1,183	111,846	100.0	1,024	100.0	9.2	246,894	100.0	2,208	241
1-49 Beds	906	88,870	79.5	812	79.3	9.1	196,781	79.7	2,215	242
50-99 Beds	277	22,976	20.5	211	20.7	9.2	50,113	20.3	2,182	237

¹Reflects SNF admissions with at least 1 day of covered care under Medicare.

²The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

³Swing-bed hospitals are not SNFs and are not included in the count of total SNFs; however, swing-bed hospital services are included in the total use and cost of Medicare SNF services.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to total because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 44
Number and Distribution of Covered Admissions for Medicare Beneficiaries Admitted to Skilled Nursing Facilities (SNF), by the Leading Principal Diagnoses: Calendar Years 1987, 1997, and 2000

Principal ICD-9-CM Diagnosis ¹	ICD-9-CM Code	1987 Covered Admissions ²			1997 Covered Admissions ²			2000 Covered Admissions ²		
		Number	Average Covered Days of Care per Admission	Average Program Payment per Admission ³	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission ³	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission ³
Total All Diagnoses	---	327,012	21.5	\$1,712	1,990,803	24.2	\$5,693	1,936,127	23.2	\$5,511
Fracture of Neck of Femur	820	43,875	22.6	1,770	138,880	30.1	6,900	120,261	30.3	7,389
Heart Failure	428	8,779	15.9	1,181	95,808	23.0	5,121	93,765	21.9	5,002
Acute But Ill-Defined, Cerebrovascular Disease	436	36,063	25.7	1,719	112,228	33.2	7,043	90,653	31.6	7,484
Pneumonia	486	9,918	17.4	1,263	84,382	22.7	5,238	90,147	21.1	4,960
General Symptoms	780	2,205	21.0	1,432	43,906	25.9	5,856	53,320	23.8	5,688
Osteoarthritis and Allied Disorders	715	4,381	14.8	1,694	55,246	15.0	4,335	48,245	16.1	4,327
Other Disorders of Urethra and Urinary Tract	599	6,841	19.6	1,341	40,590	26.8	5,995	42,606	24.0	5,631
Chronic Airway Obstruction, Not Elsewhere Classified	496	4,082	16.4	1,254	43,296	25.7	5,522	40,241	24.6	5,379
Diabetes Mellitus	250	5,773	21.7	1,425	50,272	31.8	6,417	39,334	27.3	5,984
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	4,165	22.9	1,509	32,430	25.6	5,707	28,609	23.6	5,443
All Other Diagnoses	---	200,930	20.5	1,669	1,293,765	22.9	5,468	1,288,946	22.2	5,288

¹ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first listed or principal diagnosis has been used.

²Reflects SNF admissions with at least 1 day of covered care under Medicare.

³The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

NOTES: The leading conditions were selected based on the most frequently reported principal diagnoses for beneficiaries admitted to SNFs during 2000; excludes ICD-9-CM V codes (Supplementary Classification of Factors Influencing Health Status and Contact with Health Services). Medicare program payments represent fee-for-service only.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.