

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 1967-2001**

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
<b>All Beneficiaries</b>										
1967	19,997	1,026	---	---	\$4,239	\$313	---	7.4	\$16	\$16
1971	6,481	361	---	---	7,354	195	---	2.7	9	30
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 <sup>1</sup>	36,091	1,072	12,864	356	147,106	5,904	45.9	4.0	175	164
1995 <sup>1</sup>	40,182	1,194	16,099	401	158,980	7,495	46.6	4.7	223	187
1996 <sup>1</sup>	45,883	1,378	20,134	439	167,063	9,095	47.5	5.4	273	208
1997 <sup>1</sup>	48,239	1,479	23,274	482	175,423	11,199	48.1	6.4	343	232
1998 <sup>1</sup>	45,429	1,422	22,516	496	168,164	11,224	49.9	6.7	351	247
1999 <sup>1</sup>	43,397	1,366	18,226	420	166,687	9,617	52.8	5.8	303	222
2000 <sup>1</sup>	44,834	1,387	18,208	406	174,261	10,651	58.5	6.1	329	238
2001 <sup>1</sup>	48,974	1,464	20,274	414	197,505	13,105	64.6	6.6	392	268
<b>Aged Beneficiaries</b>										
1967	19,997	1,026	---	---	\$4,239	\$313	---	7.4	\$16	\$16
1971	6,481	361	---	---	7,354	195	---	2.7	9	30
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

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 1967-2001**

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
<b>Aged Beneficiaries</b>										
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
1993	29,821	930	9,271	311	120,201	4,207	45.4	3.5	131	141
1994 <sup>1</sup>	34,667	1,169	12,247	353	128,069	5,650	46.1	4.4	191	163
1995 <sup>1</sup>	38,490	1,308	15,293	397	137,952	7,149	46.7	5.2	243	186
1996 <sup>1</sup>	43,842	1,518	19,084	435	144,485	9,094	47.7	6.3	315	207
1997 <sup>1</sup>	45,989	1,636	22,004	478	151,655	10,636	48.3	7.0	378	231
1998 <sup>1</sup>	43,206	1,580	21,245	492	144,418	10,647	50.1	7.4	389	246
1999 <sup>1</sup>	41,213	1,524	17,170	417	142,425	9,126	53.1	6.4	338	221
2000 <sup>1</sup>	42,443	1,548	17,109	403	148,488	10,097	59.0	6.8	368	238
2001 <sup>1</sup>	46,179	1,633	18,963	411	167,825	12,387	65.3	7.4	438	268
<b>Disabled Beneficiaries</b>										
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	38.8	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 <sup>1</sup>	1,424	353	616	433	19,037	254	41.3	1.3	63	179
1995 <sup>1</sup>	1,692	399	806	476	21,029	347	43.0	1.7	82	205
1996 <sup>1</sup>	2,041	463	1,049	514	22,577	460	43.9	2.0	104	226
1997 <sup>1</sup>	2,250	500	1,270	564	23,768	563	44.3	2.4	125	250
1998 <sup>1</sup>	2,216	480	1,271	573	23,746	577	45.4	2.6	125	260
1999 <sup>1</sup>	2,184	461	1,056	484	24,262	491	46.5	2.0	104	225
2000 <sup>1</sup>	2,392	488	1,099	459	25,773	554	50.5	2.1	113	232
2001 <sup>1</sup>	2,795	540	1,312	469	29,680	718	54.7	2.4	139	257

<sup>1</sup>Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate 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 2001**

Demographic Characteristic, Type of Entitlement, and Discharge Status	Covered Admissions <sup>1</sup>		Covered Days of Care		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Total in Thousands	Per 1,000 HI Enrollees <sup>2</sup>	Per Admission
<b>Total</b>	2,068,716	62	48,974	1,464	24
<b>Age</b>					
Under 65 Years	113,601	22	2,695	521	24
65-69 Years	148,925	20	3,250	427	22
70-74 Years	226,943	33	4,941	717	22
75-79 Years	364,030	61	8,253	1,392	23
80-84 Years	458,080	111	10,876	2,638	24
85 Years or Over	757,137	203	18,959	5,090	25
<b>Sex</b>					
Male	712,505	49	16,122	1,103	23
Female	1,356,211	72	32,852	1,745	24
<b>Race<sup>4</sup></b>					
White	1,808,388	63	42,150	1,475	23
Other	250,445	52	6,583	1,374	26
<b>Type of Entitlement</b>					
Aged <sup>5</sup>	1,950,887	69	46,179	1,633	24
Disabled <sup>6</sup>	117,829	23	2,795	540	24
<b>Discharge Status</b>					
Alive	1,938,665	---	46,746	---	24
Dead	130,051	---	2,228	---	17

<sup>1</sup>Includes skilled nursing care admissions with at least 1 day of covered care under Medicare.

<sup>2</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates.

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

<sup>4</sup>Excludes unknown race.

<sup>5</sup>Includes aged persons with end stage renal disease (ESRD).

<sup>6</sup>Includes 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. --- is not available.

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 2001**

Covered Charges			Program Payments			
Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Percent of Covered Charges	Per Admission <sup>3</sup>	Per Day
\$20,274,332	\$9,800	\$414	\$13,105,123	65	\$6,337	\$268
1,266,667	11,150	470	692,247	55	6,096	257
1,509,717	10,137	465	866,679	57	5,821	267
2,278,106	10,038	461	1,332,063	59	5,872	270
3,611,848	9,922	438	2,229,870	62	6,128	270
4,464,513	9,746	411	2,927,132	66	6,392	269
7,143,481	9,435	377	5,057,133	71	6,681	267
6,924,788	9,719	430	4,323,989	62	6,071	268
13,349,545	9,843	406	8,781,134	66	6,477	267
17,435,273	9,641	414	11,299,530	65	6,250	268
2,742,894	10,952	417	1,741,555	64	6,957	265
18,962,730	9,720	411	12,387,438	65	6,352	268
1,311,602	11,131	469	717,685	55	6,093	257
19,354,378	9,983	414	12,503,575	65	6,452	267
919,955	7,074	413	601,548	65	4,627	270

**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 2001**

Area of Residence	Covered Admissions <sup>1</sup>		Covered Days of Care			Covered Charges			Program Payments		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Number	Per 1,000 HI Enrollees <sup>2</sup>	Per Admis-sion	Amount	Per Admis-sion	Per Day	Amount	Per Admis-sion <sup>3</sup>	Per Day
			in Thousands			in Thousands			in Thousands		
All Areas <sup>4</sup>	2,068,716	62	48,974	1,464	23.7	\$20,274,332	\$9,800	\$414	\$13,105,123	\$6,337	\$268
United States	2,064,987	63	48,895	1,501	23.7	20,244,155	9,804	414	13,088,370	6,340	268
Northeast	458,224	70	11,969	1,839	26.1	4,701,534	10,260	393	3,393,717	7,410	284
Midwest	599,349	72	13,346	1,595	22.3	5,480,007	9,143	411	3,484,597	5,815	261
South	722,956	57	17,482	1,384	24.2	6,992,911	9,673	400	4,345,654	6,012	249
West	284,458	56	6,098	1,206	21.4	3,069,703	10,791	503	1,864,403	6,557	306
New England	143,959	81	3,739	2,117	26.0	1,492,550	10,368	399	1,048,614	7,285	280
Connecticut	38,046	86	1,194	2,696	31.4	444,624	11,686	372	338,330	8,895	283
Maine	14,021	64	308	1,415	22.0	126,809	9,044	412	78,326	5,590	254
Massachusetts	66,700	91	1,623	2,205	24.3	691,833	10,372	426	462,855	6,939	285
New Hampshire	10,722	64	256	1,521	23.9	105,785	9,866	413	73,400	6,846	286
Rhode Island	9,388	85	226	2,041	24.1	79,245	8,441	350	62,620	6,670	277
Vermont	5,082	56	131	1,448	25.8	44,253	8,708	338	33,084	6,510	253
Middle Atlantic	314,265	66	8,230	1,735	26.2	3,208,984	10,211	390	2,345,103	7,467	285
New Jersey	77,900	74	1,747	1,670	22.4	717,146	9,206	410	526,163	6,757	301
New York	119,386	56	3,759	1,770	31.5	1,330,431	11,144	354	1,107,736	9,282	295
Pennsylvania	116,979	74	2,724	1,732	23.3	1,161,407	9,928	426	711,205	6,086	261
East North Central	399,661	69	9,569	1,655	23.9	3,929,482	9,832	411	2,528,951	6,329	264
Illinois	112,615	77	2,409	1,651	21.4	1,182,611	10,501	491	661,449	5,875	275
Indiana	61,040	74	1,579	1,921	25.9	614,897	10,074	390	394,214	6,460	250
Michigan	61,787	47	1,831	1,381	29.6	678,148	10,976	370	485,002	7,854	265
Ohio	115,469	80	2,614	1,815	22.6	1,077,516	9,332	412	691,714	5,991	265
Wisconsin	48,750	66	1,136	1,546	23.3	376,310	7,719	331	296,571	6,084	261

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 2001**

Area of Residence	Covered Admissions <sup>1</sup>		Covered Days of Care			Covered Charges			Program Payments		
	Number	Per 1,000 HI	Number in	Per 1,000 HI	Per Admis-	Amount in	Per Admis-	Per	Amount in	Per Admis-	Per
		Enrollees <sup>2</sup>	Thousands	Enrollees <sup>2</sup>	sion	Thousands	sion	Day	Thousands	sion <sup>3</sup>	Day
West North Central	199,688	77	3,777	1,460	18.9	\$1,550,524	\$7,765	\$411	\$955,645	\$4,787	\$253
Iowa	34,727	76	512	1,119	14.7	230,769	6,645	451	132,865	3,827	259
Kansas	27,625	78	455	1,285	16.5	213,082	7,713	469	122,168	4,426	269
Minnesota	46,933	81	1,077	1,870	22.9	310,465	6,615	288	276,259	5,887	257
Missouri	52,077	71	1,033	1,405	19.8	537,112	10,314	520	255,029	4,898	247
Nebraska	19,387	79	355	1,448	18.3	149,201	7,696	421	91,081	4,699	257
North Dakota	8,698	86	150	1,476	17.2	50,363	5,790	336	32,198	3,703	215
South Dakota	10,241	87	195	1,666	19.1	59,532	5,813	305	46,046	4,496	236
South Atlantic	386,740	57	9,656	1,427	25.0	3,526,016	9,117	365	2,472,951	6,396	256
Delaware	5,823	51	143	1,255	24.5	47,057	8,081	330	39,366	6,760	276
District of Columbia	4,094	60	104	1,519	25.4	43,015	10,507	414	29,441	7,195	283
Florida	150,370	69	3,563	1,635	23.7	1,416,642	9,421	398	961,813	6,397	270
Georgia	40,085	45	1,034	1,158	25.8	327,655	8,174	317	249,635	6,233	242
Maryland	45,279	72	956	1,516	21.1	362,387	8,003	379	260,212	5,754	272
North Carolina	55,115	50	1,589	1,438	28.8	507,949	9,216	320	370,460	6,722	233
South Carolina	26,102	45	710	1,234	27.2	251,133	9,621	354	169,939	6,512	239
Virginia	41,941	47	1,135	1,282	27.1	401,652	9,577	354	289,350	6,900	255
West Virginia	17,931	57	421	1,338	23.5	168,527	9,399	400	102,735	5,730	244
East South Central	142,057	58	3,578	1,462	25.2	1,358,618	9,564	380	820,536	5,777	229
Alabama	32,863	52	910	1,428	27.7	306,696	9,333	337	202,574	6,165	223
Kentucky	38,716	65	899	1,515	23.2	337,867	8,727	376	208,428	5,384	232
Mississippi	21,292	51	535	1,287	25.1	223,167	10,481	417	116,430	5,470	218
Tennessee	49,186	61	1,234	1,539	25.1	490,888	9,980	398	293,104	5,962	238

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 2001**

Area of Residence	Covered Admissions <sup>1</sup>		Covered Days of Care		Covered Charges			Program Payments			
	Number	Per 1,000 HI	Number	Per	Amount	Per	Per	Amount	Per	Per	
		Enrollees <sup>2</sup>	in	Enrollees <sup>2</sup>	Admis-	in	Admis-	Day	in	Admis-	Day
			Thousands	ion	Thousands	ion <sup>3</sup>		Thousands	ion <sup>3</sup>		
West South Central	194,159	57	4,248	1,243	21.9	\$2,108,277	\$10,859	\$496	\$1,052,168	\$5,420	\$248
Arkansas	23,986	58	466	1,125	19.4	210,674	8,783	452	103,498	4,315	222
Louisiana	30,050	59	627	1,224	20.9	379,168	12,618	605	155,069	5,161	247
Oklahoma	26,240	57	493	1,077	18.8	263,123	10,028	533	120,739	4,602	245
Texas	113,883	56	2,662	1,309	23.4	1,255,312	11,023	472	672,861	5,910	253
Mountain	90,103	53	1,884	1,104	20.9	811,410	9,005	431	507,897	5,641	270
Arizona	20,498	45	389	855	19.0	175,571	8,565	452	107,602	5,263	277
Colorado	19,727	62	403	1,257	20.4	182,420	9,247	453	113,810	5,772	283
Idaho	10,369	68	235	1,533	22.7	88,167	8,503	375	58,729	5,664	249
Montana	10,075	74	183	1,338	18.2	63,732	6,326	348	44,805	4,447	245
Nevada	6,475	38	150	873	23.2	77,717	12,003	517	44,779	6,923	298
New Mexico	6,631	33	151	752	22.7	73,286	11,052	487	38,925	5,871	259
Utah	12,055	59	280	1,376	23.2	115,581	9,588	413	78,232	6,490	279
Wyoming	4,273	66	93	1,434	21.7	34,937	8,176	376	21,015	4,918	226
Pacific	194,355	58	4,215	1,251	21.7	2,258,294	11,619	536	1,356,506	6,981	322
Alaska	962	22	22	521	23.3	16,265	16,907	726	6,948	7,238	310
California	142,523	62	3,129	1,369	22.0	1,833,452	12,864	586	1,028,542	7,218	329
Hawaii	2,364	21	66	589	28.0	29,953	12,670	452	20,416	8,636	308
Oregon	15,252	48	277	867	18.2	101,572	6,660	367	84,767	5,559	306
Washington	33,254	56	720	1,222	21.6	277,052	8,331	385	215,832	6,495	300
Outlying Areas <sup>5</sup>	3,729	4	79	92	21.2	30,177	8,093	381	16,753	3859	4,495

<sup>1</sup>Reflects skilled nursing admissions with at least 1 day of covered care under Medicare.

<sup>2</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates.

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

<sup>4</sup>Includes 50 States, District of Columbia, and outlying areas.

<sup>5</sup>Includes 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. Swing-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.

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 2001**

Area of Residence	Number	Persons Served <sup>1</sup>		Coinsurance Days			Coinsurance Payments		
		Per 1,000 HI Enrollees <sup>2</sup>	With Coinsurance	Number	Per 1,000 HI Enrollees <sup>2</sup>	Per Person with Coinsurance	Amount	Per 1,000 HI Enrollees <sup>2</sup>	Per Person with Coinsurance
All Areas <sup>3</sup>	1,471,488	44	769,136	25,890,914	774	34	\$2,569,147,034	\$76,815	\$3,340
United States	1,468,420	45	767,511	25,856,016	794	34	2,565,684,524	78,784	3,343
Northeast	326,266	50	181,958	6,610,428	1,015	36	656,049,796	100,778	3,606
Midwest	421,649	50	211,517	6,855,820	819	32	680,257,030	81,281	3,216
South	512,736	41	273,956	9,377,030	742	34	930,382,963	73,656	3,396
West	207,769	41	100,080	3,012,738	596	30	298,994,735	59,138	2,988
New England	102,781	58	57,103	2,063,542	1,168	36	204,807,271	115,934	3,587
Connecticut	27,689	63	16,419	718,562	1,623	44	71,332,495	161,094	4,345
Maine	10,479	48	5,360	143,087	657	27	14,199,028	65,241	2,649
Massachusetts	46,658	63	25,427	872,624	1,185	34	86,598,368	117,635	3,406
New Hampshire	7,795	46	4,211	137,850	818	33	13,681,496	81,148	3,249
Rhode Island	6,479	58	3,657	116,892	1,054	32	11,601,208	104,572	3,172
Vermont	3,681	41	2,029	74,527	824	37	7,394,676	81,763	3,644
Middle Atlantic	223,485	47	124,855	4,546,886	959	36	451,242,525	95,134	3,614
New Jersey	53,725	51	29,716	866,279	828	29	85,944,946	82,126	2,892
New York	87,546	41	51,099	2,262,278	1,065	44	224,560,438	105,726	4,395
Pennsylvania	82,214	52	44,040	1,418,329	902	32	140,737,141	89,484	3,196
East North Central	281,472	49	148,673	5,070,979	877	34	503,203,420	87,018	3,385
Illinois	77,279	53	38,534	1,217,149	834	32	120,753,523	82,735	3,134
Indiana	43,319	53	23,296	887,509	1,080	38	88,088,831	107,187	3,781
Michigan	44,803	34	26,357	1,064,859	803	40	105,688,002	79,696	4,010
Ohio	80,168	56	42,036	1,334,177	926	32	132,382,129	91,894	3,149
Wisconsin	35,903	49	18,450	567,285	772	31	56,290,935	76,624	3,051

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 2001

Area of Residence	Number	Persons Served <sup>1</sup>		Coinsurance Days			Coinsurance Payments		
		Per 1,000	With	Number	Per 1,000	Per Person with	Amount	Per 1,000	Per Person with
		HI Enrollees <sup>2</sup>	Coinsurance		HI Enrollees <sup>2</sup>	Coinsurance		HI Enrollees <sup>2</sup>	Coinsurance
West North Central	140,177	54	62,844	1,784,841	690	28	\$177,053,610	\$68,455	\$2,817
Iowa	24,762	54	9,428	203,501	445	22	20,182,847	44,125	2,141
Kansas	19,348	55	8,083	194,788	550	24	19,317,901	54,586	2,390
Minnesota	33,451	58	16,641	556,606	966	33	55,212,290	95,858	3,318
Missouri	35,653	48	16,992	501,019	681	30	49,710,781	67,602	2,926
Nebraska	13,981	57	5,961	163,314	667	27	16,201,396	66,144	2,718
North Dakota	6,026	59	2,553	69,845	688	27	6,927,968	68,202	2,714
South Dakota	6,956	59	3,186	95,768	816	30	9,500,427	80,993	2,982
South Atlantic	277,768	41	154,016	5,178,324	765	34	513,837,984	75,947	3,336
Delaware	4,229	37	2,300	74,218	652	32	7,364,539	64,726	3,202
District of Columbia	2,894	42	1,555	57,702	844	37	5,723,837	83,682	3,681
Florida	105,699	49	58,472	1,859,851	854	32	184,570,049	84,702	3,157
Georgia	28,628	32	15,964	571,480	640	36	56,658,661	63,450	3,549
Maryland	31,621	50	16,565	470,634	746	28	46,691,496	74,029	2,819
North Carolina	40,886	37	23,763	916,636	830	39	90,986,354	82,348	3,829
South Carolina	19,486	34	11,043	393,185	683	36	39,003,397	67,733	3,532
Virginia	31,350	35	17,668	613,288	693	35	60,875,245	68,748	3,446
West Virginia	12,975	41	6,686	221,330	704	33	21,964,406	69,821	3,285
East South Central	100,106	41	53,027	1,973,196	806	37	195,803,659	79,990	3,693
Alabama	24,054	38	12,933	500,640	785	39	49,686,631	77,935	3,842
Kentucky	26,269	44	13,631	493,777	832	36	49,003,132	82,611	3,595
Mississippi	15,044	36	7,870	296,763	714	38	29,434,313	70,817	3,740
Tennessee	34,739	43	18,593	682,016	851	37	67,679,583	84,441	3,640

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 2001**

Area of Residence	Persons Served <sup>1</sup>		Coinsurance Days		Coinsurance Payments				
	Number	Per 1,000 HI Enrollees <sup>2</sup>	With Coinsurance	Number	Per 1,000 HI Enrollees <sup>2</sup>	Per Person with Coinsurance	Amount	Per 1,000 HI Enrollees <sup>2</sup>	Per Person with Coinsurance
West South Central	134,862	39	66,913	2,225,510	651	33	\$220,741,320	\$64,583	\$3,299
Arkansas	16,372	40	7,959	229,869	555	29	22,793,177	55,035	2,864
Louisiana	20,172	39	9,669	335,752	656	35	33,300,473	65,035	3,444
Oklahoma	18,830	41	8,541	231,694	506	27	22,989,219	50,204	2,692
Texas	79,488	39	40,744	1,428,195	702	35	141,658,451	69,651	3,477
Mountain	66,499	39	31,607	916,308	537	29	90,937,150	53,300	2,877
Arizona	15,467	34	7,705	169,478	373	22	16,816,605	36,999	2,183
Colorado	14,145	44	6,653	192,781	602	29	19,128,725	59,695	2,875
Idaho	7,401	48	3,473	125,270	816	36	12,432,230	80,971	3,580
Montana	7,345	54	3,166	82,337	602	26	8,170,272	59,698	2,581
Nevada	4,790	28	2,391	77,604	450	33	7,701,824	44,685	3,221
New Mexico	5,204	26	2,531	71,338	356	28	7,079,052	35,346	2,797
Utah	9,121	45	4,273	150,212	739	35	14,915,515	73,345	3,491
Wyoming	3,026	47	1,415	47,288	730	33	4,692,927	72,444	3,317
Pacific	141,270	42	68,473	2,096,430	626	31	208,057,585	62,112	3,039
Alaska	762	18	368	11,333	264	31	1,124,765	26,157	3,056
California	101,147	44	49,745	1,603,777	702	32	159,162,056	69,635	3,200
Hawaii	1,964	17	1,048	35,334	314	34	3,507,544	31,173	3,347
Oregon	12,158	38	5,557	103,863	325	19	10,308,218	32,239	1,855
Washington	25,239	43	11,755	342,123	581	29	33,955,002	57,666	2,889
Outlying Areas <sup>4</sup>	3,068	3	1,625	34,898	40	22	3,462,510	3,935	2,131

<sup>1</sup>Number of beneficiaries receiving Medicare skilled nursing facility services.

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

<sup>3</sup>Includes 50 States, District of Columbia, and outlying areas.

<sup>4</sup>Includes 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 2001**

Type of Entitlement and Covered Days of Care	Persons <sup>1</sup>	Covered Admissions <sup>2</sup>	Covered Days of Care			Covered Charges			
			Number	Per Admission	Per Person	Amount in Thousands	Per Admission	Per Person	Per Day
<b>All Beneficiaries</b>									
Total	1,471,488	2,068,716	48,973,956	23.7	33.3	\$20,274,332	\$9,800	\$13,778	\$414
1-8 Days	417,969	567,815	2,781,857	4.9	6.7	1,843,682	3,247	4,411	663
9-20 Days	502,262	683,177	9,560,271	14.0	19.0	5,143,362	7,529	10,240	538
21-40 Days	314,412	463,279	13,257,077	28.6	42.2	5,525,817	11,928	17,575	417
41-60 Days	115,965	180,253	8,902,958	49.4	76.8	3,156,869	17,514	27,223	355
61-80 Days	49,124	81,008	5,627,251	69.5	114.6	1,869,536	23,078	38,057	332
81 Days or More	71,756	93,184	8,844,542	94.9	123.3	2,735,067	29,351	38,116	309
<b>Aged</b>									
Total	1,389,726	1,950,887	46,178,655	23.7	33.2	18,962,730	9,720	13,645	411
1-8 Days	392,465	532,220	2,611,970	4.9	6.7	1,715,325	3,223	4,371	657
9-20 Days	475,358	645,456	9,032,935	14.0	19.0	4,825,140	7,476	10,151	534
21-40 Days	298,916	439,522	12,574,931	28.6	42.1	5,192,660	11,814	17,372	413
41-60 Days	109,925	170,576	8,423,948	49.4	76.6	2,959,700	17,351	26,925	351
61-80 Days	46,360	76,367	5,304,178	69.5	114.4	1,746,995	22,876	37,683	329
81 Days or More	66,702	86,746	8,230,693	94.9	123.4	2,522,910	29,084	37,824	307
<b>Disabled</b>									
Total	81,762	117,829	2,795,301	23.7	34.2	1,311,602	11,131	16,042	469
1-8 Days	25,504	35,595	169,887	4.8	6.7	128,357	3,606	5,033	756
9-20 Days	26,904	37,721	527,336	14.0	19.6	318,222	8,436	11,828	603
21-40 Days	15,496	23,757	682,146	28.7	44.0	333,157	14,024	21,500	488
41-60 Days	6,040	9,677	479,010	49.5	79.3	197,169	20,375	32,644	412
61-80 Days	2,764	4,641	323,073	69.6	116.9	122,540	26,404	44,334	379
81 Days or More	5,054	6,438	613,849	95.3	121.5	212,158	32,954	41,978	346

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 2001**

Type of Entitlement and Covered Days of Care	Coinsurance Payments				Program Payments			
	Amount in Thousands	Per Admission	Per Person	Per Day	Amount in Thousands	Per Admission <sup>3</sup>	Per Person	Per Day
<b>All Beneficiaries</b>								
Total	\$2,569,147	\$1,242	\$1,746	\$52	\$13,105,123	\$6,337	\$8,906	\$268
1-8 Days	33,557	59	80	12	841,271	1,482	2,013	302
9-20 Days	157,318	230	313	16	2,918,960	4,274	5,812	305
21-40 Days	609,502	1,316	1,939	46	3,688,025	7,963	11,730	278
41-60 Days	617,004	3,423	5,321	69	2,254,425	12,509	19,441	253
61-80 Days	442,984	5,468	9,018	79	1,353,177	16,705	27,546	240
81 Days or More	708,782	7,606	9,878	80	2,049,265	21,994	28,559	232
<b>Aged</b>								
Total	2,414,910	1,238	1,738	52	12,387,438	6,352	8,914	268
1-8 Days	31,252	59	80	12	791,687	1,488	2,017	303
9-20 Days	147,457	228	310	16	2,764,621	4,285	5,816	306
21-40 Days	576,235	1,311	1,928	46	3,507,422	7,982	11,734	279
41-60 Days	583,150	3,419	5,305	69	2,137,717	12,534	19,447	254
61-80 Days	417,253	5,464	9,000	79	1,277,856	16,734	27,564	241
81 Days or More	659,562	7,603	9,888	80	1,908,133	21,999	28,607	232
<b>Disabled</b>								
Total	154,237	1,309	1,886	55	717,685	6,093	8,778	257
1-8 Days	2,305	65	90	14	49,584	1,394	1,944	292
9-20 Days	9,860	261	367	19	154,339	4,093	5,737	293
21-40 Days	33,268	1,400	2,147	49	180,602	7,604	11,655	265
41-60 Days	33,854	3,498	5,605	71	116,708	12,062	19,323	244
61-80 Days	25,730	5,544	9,309	80	75,320	16,233	27,250	233
81 Days or More	49,220	7,645	9,739	80	141,132	21,925	27,925	230

<sup>1</sup>Number of beneficiaries receiving Medicare skilled nursing facility covered services.

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

<sup>3</sup>The 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 2001**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Total All Diagnoses <sup>4</sup>	---	2,080,069	100.0
Leading Diagnoses <sup>5</sup>	---	1,655,763	79.6
<b>Infectious and Parasitic Diseases (MDC 1)</b>			
Septicemia	001-139	34,047	1.6
Other	038	21,065	1.0
	---	12,982	0.6
<b>Neoplasms (MDC 2)</b>			
Malignant Neoplasm of Colon	140-239	75,782	3.6
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	153	6,770	0.3
	154	4,479	0.2
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	11,809	0.6
Malignant Neoplasm of Female Breast	174	3,787	0.2
Malignant Neoplasm of Prostate	185	4,057	0.2
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	6,347	0.3
Other	---	38,533	1.9
<b>Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)</b>			
Diabetes	240-279	86,811	4.2
Nutritional Deficiencies	250	42,130	2.0
Disorders of Fluid, Electrolyte, and Acid-Base Balance	260-263	3,682	0.2
Other	276	28,617	1.4
	---	12,382	0.6
<b>Diseases of the Blood and Blood Forming Organs (MDC 4)</b>			
Other and Unspecified Anemias	280-289	17,273	0.8
Other	285	10,355	0.5
	---	6,918	0.3
<b>Mental Disorders (MDC 5)</b>			
Senile and Prosenile Organic Psychotic Conditions	290-319	51,114	2.5
Other Organic Psychotic Conditions (Chronic)	290	15,139	0.7
Other Non-Organic Psychoses	294	11,141	0.5
Other	298	4,707	0.2
	---	20,127	1.0
<b>Diseases of the Nervous System and Sense Organs (MDC 6)</b>			
Other Cerebral Degenerations	320-389	52,410	2.5
Parkinson's Disease	331	15,922	0.8
Hemiplegia	332	12,044	0.6
Other	342	3,530	0.2
	---	20,914	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 2001**

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 <sup>3</sup>	Per Day
49,405	1,477	24	\$20,439,980	\$9,827	\$414	\$13,204,137	\$6,350	\$267
39,203	1,172	24	16,397,189	9,903	418	10,531,802	6,363	269
754	23	22	352,516	10,354	468	201,693	5,924	268
447	13	21	214,359	10,176	480	121,254	5,757	272
307	9	24	138,157	10,642	450	80,439	6,196	262
1,563	47	21	664,486	8,768	425	410,795	5,423	263
133	4	20	57,539	8,499	434	36,007	5,319	272
99	3	22	37,666	8,410	380	26,168	5,845	264
218	7	18	100,436	8,505	461	56,968	4,826	262
90	3	24	31,916	8,428	354	23,386	6,183	259
91	3	22	32,711	8,063	361	23,727	5,851	262
106	3	17	64,566	10,173	606	29,054	4,578	273
826	25	21	339,650	8,815	411	215,483	5,594	261
2,250	67	26	815,087	9,389	362	569,769	6,566	253
1,162	35	28	423,241	10,046	364	287,717	6,831	248
104	3	28	40,364	10,963	389	24,584	6,680	237
667	20	23	238,604	8,338	358	175,368	6,131	263
317	9	26	112,879	9,116	356	82,100	6,634	259
423	13	25	147,994	8,568	350	107,304	6,215	254
264	8	26	88,139	8,512	333	67,447	6,518	255
158	5	23	59,855	8,652	378	39,857	5,762	252
1,453	43	28	431,926	8,450	297	352,289	6,895	243
448	13	30	130,529	8,622	292	110,652	7,311	247
314	9	28	90,395	8,114	288	75,517	6,783	240
132	4	28	38,989	8,283	296	32,257	6,857	245
559	17	28	172,014	8,546	308	133,863	6,654	239
1,536	46	29	523,130	9,981	341	399,969	7,635	260
443	13	28	127,081	7,981	287	107,660	6,765	243
368	11	31	123,072	10,218	334	97,316	8,081	264
132	4	37	48,453	13,726	367	38,091	10,800	289
592	18	28	224,523	10,736	379	156,902	7,507	265

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 2001**

Principal ICD-9-CM <sup>2</sup>	Principal ICD-9-CM Code	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
<b>Diagnosis Within MDC</b>	<b>Category</b>		
Diseases of the Circulatory System (MDC 7)	390-459	438,137	21.1
Essential Hypertension	401	28,564	1.4
Acute Myocardial Infarction	410	23,354	1.1
Ischemic Heart Disease	414	29,507	1.4
Cardiac Dysrhythmia	427	27,729	1.3
Heart Failure	428	98,827	4.8
III-Defined Descriptions and Complication of Heart Disease	429	4,183	0.2
Intracranial Hemorrhage	431	4,160	0.2
Occlusion of Cerebral Arteries	434	8,476	0.4
Transient Cerebral Ischemia	435	11,052	0.5
Acute, But III-Defined, Cerebrovascular Disease	436	89,360	4.3
Other and III-Defined Cerebrovascular Disease	437	3,550	0.2
Late Effects of Cerebrovascular Disease	438	32,975	1.6
Atherosclerosis	440	4,309	0.2
Other Peripheral Vascular Disease	443	10,591	0.5
Venous Embolism and Thrombosis	453	9,172	0.4
Other	---	52,328	2.5
Diseases of the Respiratory System (MDC 8)	460-519	226,572	10.9
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	9,054	0.4
Pneumonia, Organism Unspecified	486	94,526	4.5
Chronic Bronchitis	491	16,386	0.8
Chronic Airway Obstruction	496	42,433	2.0
Pneumonitis Due to Solids and Liquids	507	16,904	0.8
Other Diseases of Lung	518	15,997	0.8
Other	---	31,272	1.5
Diseases of the Digestive System (MDC 9)	520-579	89,237	4.3
Intestinal Obstruction Without Mention of Hernia	560	11,690	0.6
Diverticula of Intestine	562	7,061	0.3
Gastrointestinal Hemorrhage	578	23,014	1.1
Other	---	47,472	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 2001**

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 <sup>3</sup>	Per Day
11,261	337	26	\$4,249,585	\$9,699	\$377	\$3,011,126	\$6,876	\$267
804	24	28	263,328	9,219	327	211,197	7,398	263
468	14	20	186,161	7,971	398	124,821	5,346	267
662	20	22	262,159	8,885	396	184,130	6,243	278
658	20	24	236,469	8,528	360	173,809	6,270	264
2,221	66	23	830,836	8,407	374	569,681	5,767	257
113	3	27	37,507	8,966	331	28,682	6,858	253
118	4	28	49,485	11,895	421	33,031	7,944	281
178	5	21	95,254	11,238	534	51,283	6,054	288
281	8	25	98,997	8,957	353	75,909	6,872	271
2,830	85	32	1,005,323	11,250	355	775,333	8,682	274
109	3	31	36,599	10,309	337	28,488	8,025	262
1,017	30	31	413,038	12,526	406	282,387	8,567	278
85	3	20	51,332	11,913	603	22,795	5,292	268
295	9	28	107,446	10,145	364	75,325	7,113	255
221	7	24	80,565	8,784	364	55,948	6,103	253
1,202	36	23	495,085	9,461	412	318,309	6,085	265
4,991	149	22	2,119,233	9,353	425	1,298,300	5,732	260
163	5	18	99,743	11,016	612	43,107	4,762	264
2,040	61	22	803,225	8,497	394	538,731	5,701	264
265	8	16	160,476	9,793	605	69,456	4,239	262
1,049	31	25	365,647	8,617	349	259,961	6,129	248
388	12	23	177,134	10,479	457	101,183	5,989	261
400	12	25	243,751	15,237	609	109,638	6,856	274
686	21	22	269,258	8,610	392	176,224	5,637	257
1,988	59	22	760,035	8,517	382	520,314	5,833	262
254	8	22	97,831	8,369	385	67,323	5,763	265
143	4	20	59,408	8,413	416	38,418	5,442	269
556	17	24	183,779	7,986	330	143,552	6,240	258
1,034	31	22	419,017	8,827	405	271,021	5,711	262



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 2001**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	90,438	4.3
Chronic Renal Failure	585	12,683	0.6
Renal Failure, Unspecified	586	8,744	0.4
Other Disorders of Urethra and Urinary Tract	599	47,799	2.3
Other	---	21,212	1.0
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	54,101	2.6
Other Cellulitis and Abscess	682	28,066	1.3
Chronic Ulcer of Skin	707	23,091	1.1
Other	---	2,944	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	145,793	7.0
Osteoarthritis and Allied Disorders	715	51,890	2.5
Other and Unspecified Disorders of Joint	719	15,639	0.8
Spinal Stenosis	724	16,674	0.8
Disorders of Muscle, Ligament, and Fascia	728	12,102	0.6
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	7,646	0.4
Other Disorders of Bone and Cartilage	733	16,096	0.8
Other	---	25,746	1.2
Congenital Anomalies (MDC 14)	740-759	3,771	0.2
Other III Defined Conditions (MDC 16)	780-799	151,170	7.3
General Symptoms	780	63,320	3.0
Symptoms Involving Nervous and Musculoskeletal Systems	781	21,394	1.0
Symptom Disorders of Cardiovascular System	785	4,486	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	9,622	0.5
Symptoms Involving Digestive System	787	11,396	0.5
Other	---	40,952	2.0
Injury and Poisoning (MDC 17)	800-999	265,099	12.7
Fracture, Vertebra	805	13,160	0.6
Fracture, Pelvis	808	15,728	0.8
Fracture, Humerus	812	12,202	0.6
Fracture, Neck of Femur	820	119,489	5.7
Fracture, Shaft of Femur	821	15,521	0.7
Fracture, Tibia, Fibula	823	6,958	0.3
Fracture of Ankle	824	8,064	0.4
Amputation	897	6,433	0.3
Other	---	67,544	3.2

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 2001**

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 <sup>3</sup>	Per Day
2,199	66	24	\$764,069	\$8,449	\$347	\$567,272	\$6,275	\$258
320	10	25	104,204	8,216	325	79,488	6,271	248
218	7	25	68,650	7,851	315	54,041	6,182	248
1,177	35	25	408,978	8,556	348	309,001	6,468	263
484	14	23	182,237	8,591	376	124,742	5,883	258
1,515	45	28	626,197	11,575	413	382,787	7,078	253
676	20	24	288,172	10,268	426	178,030	6,345	263
764	23	33	308,084	13,342	403	185,697	8,045	243
75	2	26	29,940	10,170	399	19,061	6,477	254
3,186	95	22	1,335,207	9,158	419	887,792	6,091	279
873	26	17	391,484	7,545	448	260,973	5,030	299
410	12	26	152,200	9,732	372	112,650	7,205	275
364	11	22	141,332	8,476	388	101,917	6,115	280
327	10	27	124,417	10,281	380	87,048	7,195	266
213	6	28	118,920	15,553	558	55,284	7,232	260
396	12	25	157,876	9,808	399	106,163	6,600	268
603	18	23	248,977	9,671	413	163,757	6,363	272
92	3	25	31,577	8,374	342	24,251	6,433	262
3,827	114	25	1,421,072	9,400	371	1,021,197	6,758	267
1,546	46	24	571,810	9,030	370	416,189	6,575	269
549	17	26	226,555	10,590	413	156,405	7,312	285
124	4	28	43,015	9,589	347	31,751	7,079	256
219	7	23	80,520	8,368	367	56,450	5,870	258
368	11	32	111,633	9,796	303	89,714	7,877	244
1,021	31	25	387,539	9,463	380	270,687	6,612	265
7,860	235	30	2,978,762	11,236	379	2,136,684	8,062	272
333	10	25	123,849	9,411	371	90,099	6,848	270
432	13	28	161,184	10,248	373	119,315	7,587	276
400	12	33	143,255	11,740	358	108,265	8,880	270
3,757	112	31	1,368,345	11,452	364	1,034,552	8,661	275
526	16	34	186,007	11,984	353	140,941	9,084	268
240	7	35	86,403	12,418	360	63,526	9,131	265
256	8	32	95,288	11,816	373	68,539	8,499	268
214	6	33	67,876	10,551	317	52,225	8,122	244
1,701	51	25	746,555	11,053	439	459,223	6,801	270

**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 2001**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM	Covered Admissions <sup>1</sup>	
	Code Category	Number	Percent Distri- bution
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	296,484	14.3
Organ of Tissue Replaced by Other Means	V43	10,986	0.5
Orthopedic Aftercare	V54	11,988	0.6
Breathing Exercises	V57	210,114	10.1
Encounter for Other and Unspecified Procedures and Aftercare	V58	37,047	1.8
Convalescence	V66	8,970	0.4
Other	---	17,379	0.8

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

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

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

<sup>4</sup>Includes invalid codes not shown separately.

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

NOTES: Medicare program payments represent fee-for-service only. 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. Due to differences in timing and edits, additional covered records were included in this table and will cause the number of covered admissions, covered days of care, and the associated charges and payments to differ slightly from the other tables on Medicare skilled nursing facility utilization.

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 2001**

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 <sup>3</sup>	Per Day
4,460	133	15	\$3,202,932	\$10,803	\$718	\$1,299,523	\$4,384	\$291
221	7	20	87,092	7,928	395	64,696	5,891	293
253	8	21	141,965	11,842	560	73,367	6,121	290
2,878	86	14	2,300,428	10,948	799	862,384	4,105	300
475	14	13	427,603	11,542	900	139,044	3,754	293
139	4	16	76,490	8,527	551	36,688	4,091	264
494	15	28	169,354	9,745	343	123,344	7,099	250

Table 42

Covered Admissions and Total Charges for Medicare Skilled Nursing Facility Admissions, by Covered Days of Care and Type of Service: Calendar Year 2001

Covered Days of Care	All Services	Accommodations	Type of Ancillary Service							
			Total	Pharmacy	Laboratory	Radiology	Supply	Inhalation Therapy	Rehabilitation <sup>1</sup>	Other <sup>2</sup>
Number of Admissions <sup>3</sup>										
Total	2,068,716	2,068,702	2,039,333	1,929,905	1,190,460	466,900	1,209,407	265,533	1,748,206	267,284
1-8 Days	567,815	567,801	546,144	501,035	271,388	85,758	306,210	100,393	403,398	71,968
9-20 Days	683,177	683,177	677,105	638,145	404,777	155,281	403,330	97,674	593,800	98,539
21-40 Days	463,279	463,279	462,090	444,584	279,287	116,114	273,400	42,590	425,213	54,560
41-60 Days	180,253	180,253	180,025	175,609	114,898	50,810	111,253	12,659	167,410	19,863
61-80 Days	81,008	81,008	80,923	79,297	54,422	25,982	52,633	5,589	74,789	9,756
81 Days or More	93,184	93,184	93,046	91,235	65,688	32,955	62,581	6,628	83,596	12,598
Total Charges in Thousands										
Total	\$20,548,977	\$10,616,622	\$9,932,555	\$2,794,460	\$573,442	\$182,212	\$677,812	\$399,910	\$5,132,603	\$172,115
1-8 Days	1,879,378	826,321	1,053,118	376,701	92,996	27,899	103,716	69,010	356,389	26,409
9-20 Days	5,205,370	2,457,745	2,747,699	833,202	210,963	62,062	227,475	139,816	1,219,378	54,804
21-40 Days	5,596,690	2,834,879	2,761,850	765,601	150,761	48,348	168,644	90,268	1,496,727	41,503
41-60 Days	3,195,386	1,730,041	1,465,358	362,867	56,650	20,522	70,386	35,649	899,888	19,396
61-80 Days	1,893,190	1,072,729	820,468	196,255	27,470	10,321	39,814	22,351	512,334	11,923
81 Days or More	2,778,961	1,694,907	1,084,061	259,835	34,601	13,061	67,778	42,817	647,889	18,080
Percent of Charges										
Total	100.0	51.7	48.3	13.6	2.8	0.9	3.3	1.9	25.0	0.8
1-8 Days	100.0	44.0	56.0	20.0	4.9	1.5	5.5	3.7	19.0	1.4
9-20 Days	100.0	47.2	52.8	16.0	4.1	1.2	4.4	2.7	23.4	1.1
21-40 Days	100.0	50.7	49.3	13.7	2.7	0.9	3.0	1.6	26.7	0.7
41-60 Days	100.0	54.1	45.9	11.4	1.8	0.6	2.2	1.1	28.2	0.6
61-80 Days	100.0	56.7	43.3	10.4	1.5	0.5	2.1	1.2	27.1	0.6
81 Days or More	100.0	61.0	39.0	9.4	1.2	0.5	2.4	1.5	23.3	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 2001**

Covered Days of Care	All Services	Accommodations	Type of Ancillary Service							
			Total	Pharmacy	Laboratory	Radiology	Supply	Inhalation Therapy	Rehabilitation <sup>1</sup>	Other <sup>2</sup>
			Average Total Charge per Admission							
Total	\$9,933	\$5,132	\$4,870	\$1,448	\$482	\$390	\$560	\$1,506	\$2,936	\$644
1-8 Days	3,310	1,455	1,928	752	343	325	339	687	883	367
9-20 Days	7,619	3,598	4,058	1,306	521	400	564	1,431	2,054	556
21-40 Days	12,081	6,119	5,977	1,722	540	416	617	2,119	3,520	761
41-60 Days	17,727	9,598	8,140	2,066	493	404	633	2,816	5,375	976
61-80 Days	23,370	13,242	10,139	2,475	505	397	756	3,999	6,850	1,222
81 Days or More	29,822	18,189	11,651	2,848	527	396	1,083	6,460	7,750	1,435

<sup>1</sup>Includes physical therapy, speech therapy, and occupational therapy.

<sup>2</sup>Includes services such as blood and blood components, etc.

<sup>3</sup>Reflects 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 2001**

Type of Facility and Bed Size	Number of Facilities	Covered Admissions <sup>1</sup>		Covered Days of Care			Program Payments			
		Number	Percent	Number in Thousands	Percent	Per Admission	Amount in Thousands	Percent	Per Admission <sup>2</sup>	Per Day
<b>SNFs</b>										
Total	14,755	1,950,031	100.0	47,913	100.0	24.6	\$12,783,014	100.0	\$6,557	\$267
1-49 Beds	6,058	820,783	42.1	16,686	34.8	20.3	4,541,868	35.5	5,535	272
50-99 Beds	4,491	466,207	23.9	12,288	25.6	26.4	3,211,041	25.1	6,890	261
100-149 Beds	2,758	368,428	18.9	10,407	21.7	28.2	2,670,250	20.9	7,250	257
150-199 Beds	853	155,320	8.0	4,368	9.1	28.1	1,144,906	9.0	7,375	262
200 Beds or More	595	139,293	7.1	4,164	8.7	29.9	1,214,949	9.5	8,725	292
<b>Hospital Based</b>										
Total	1,734	458,776	100.0	6,383	100.0	13.9	1,880,596	100.0	4,100	295
1-49 Beds	1,283	364,442	79.4	4,577	71.7	12.6	1,377,263	73.2	3,780	301
50-99 Beds	290	57,830	12.6	985	15.4	17.0	280,853	14.9	4,858	285
100-149 Beds	93	19,434	4.2	390	6.1	20.0	102,622	5.5	5,282	263
150-199 Beds	31	7,187	1.6	159	2.5	22.1	41,146	2.2	5,725	259
200 Beds or More	37	9,883	2.2	272	4.3	27.5	78,712	4.2	7,969	289
<b>Non-Hospital Based</b>										
Total	13,021	1,491,255	100.0	41,530	100.0	27.8	10,902,418	100.0	7,313	263
1-49 Beds	4,775	456,341	30.6	12,109	29.2	26.5	3,164,605	29.0	6,937	261
50-99 Beds	4,201	408,377	27.4	11,302	27.2	27.7	2,930,188	26.9	7,178	259
100-149 Beds	2,665	348,994	23.4	10,017	24.1	28.7	2,567,628	23.6	7,360	256
150-199 Beds	822	148,133	9.9	4,209	10.1	28.4	1,103,760	10.1	7,455	262
200 Beds or More	558	129,410	8.7	3,892	9.4	30.1	1,136,237	10.4	8,783	292
<b>Swing-Bed Hospitals<sup>3</sup></b>										
Total	999	118,685	100.0	1,061	100.0	8.9	322,109	100.0	2,714	303
1-49 Beds	742	96,357	81.2	867	81.7	9.0	273,382	84.9	2,837	315
50-99 Beds	257	22,328	18.8	195	18.3	8.7	48,727	15.1	2,183	250

<sup>1</sup>Reflects SNF admissions with at least 1 day of covered care under Medicare.

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

<sup>3</sup>Swing-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 2001**

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD- 9-CM Code	1987 Covered Admissions <sup>2</sup>			1997 Covered Admissions <sup>2</sup>			2001 Covered Admissions <sup>2</sup>		
		Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>
Total All Diagnoses	---	327,012	21.5	\$1,712	1,990,803	24.2	\$5,693	2,068,716	23.7	\$6,337
Fracture of Neck of Femur	820	43,875	22.6	1,770	138,880	30.1	6,900	118,941	31.4	8,649
Heart Failure	428	8,779	15.9	1,181	95,808	23.0	5,121	98,260	22.4	5,756
Pneumonia	486	9,918	17.4	1,263	84,382	22.7	5,238	94,118	21.5	5,687
Acute But Ill-Defined, Cerebrovascular Disease	436	36,063	25.7	1,719	112,228	33.2	7,043	88,931	31.6	8,663
General Symptoms	780	2,205	21.0	1,432	43,906	25.9	5,856	63,022	24.4	6,565
Osteoarthritis and Allied Disorders	715	4,381	14.8	1,694	55,246	15.0	4,335	51,692	16.8	5,021
Other Disorders of Urethra and Urinary Tract	599	6,841	19.6	1,341	40,590	26.8	5,995	47,609	24.6	6,456
Chronic Airway Obstruction, Not Elsewhere Classified	496	4,082	16.4	1,254	43,296	25.7	5,522	42,202	24.6	6,114
Diabetes Mellitus	250	5,773	21.7	1,425	50,272	31.8	6,417	41,838	27.5	6,813
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	4,165	22.9	1,509	32,430	25.6	5,707	28,448	23.2	6,126
All Other Diagnoses	---	200,930	20.5	1,669	1,293,765	22.9	5,468	1,393,655	22.8	6,461

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

<sup>2</sup>Reflects SNF admissions with at least 1 day of covered care under Medicare.

<sup>3</sup>The 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 2001; 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 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 45**

**Distribution of Medicare Covered Skilled Nursing Facility (SNF) Stays, by State of Provider and Major RUG-III Groups: Calendar Year 2001**

State of Provider	Total Covered Stays <sup>1</sup>	Total All RUG-III Groups	RUG-III Rehabilitation Groups					Other Major RUG-III Groups					Case-Mix Index <sup>3</sup>		
			Total	Ultra	Very	High	Medium	Low	Extensive Care	Special Care	Clinically Complex	Cognitively Impaired	Not Otherwise Classified <sup>2</sup>	Nursing	Nursing/Therapy
				High	High										
United States <sup>4</sup>	2,065,936	100.0	65.9	6.1	5.7	11.4	32.3	10.4	13.4	1.6	5.6	1.2	12.3	1.28	2.13
Alabama	31,788	100.0	68.3	7.3	6.1	12.3	31.7	10.8	10.7	2.0	7.0	1.7	10.3	1.28	2.18
Arizona	21,067	100.0	68.3	7.1	6.5	13.7	31.0	10.1	15.3	1.2	4.2	0.6	10.3	1.31	2.21
Arkansas	23,793	100.0	50.4	3.4	3.2	6.9	27.9	9.0	28.0	2.0	6.2	1.2	12.3	1.33	1.92
California	143,821	100.0	67.1	11.0	6.3	11.6	26.9	11.4	16.2	2.3	5.6	0.8	8.0	1.32	2.28
Colorado	19,772	100.0	72.5	7.7	7.7	14.5	32.2	10.5	15.0	1.0	2.9	0.7	7.9	1.32	2.29
Connecticut	38,829	100.0	69.3	3.9	5.8	12.4	33.8	13.4	6.7	0.9	6.5	1.2	15.5	1.25	2.07
Delaware	5,566	100.0	67.4	3.0	3.1	11.6	40.4	9.3	8.3	1.5	4.7	1.4	16.8	1.24	2.01
Florida	153,469	100.0	73.2	9.0	7.8	14.0	32.8	9.6	9.8	1.4	4.6	1.1	10.0	1.29	2.30
Georgia	39,666	100.0	58.5	3.2	4.6	11.5	29.5	9.7	12.9	3.2	8.8	2.0	14.6	1.26	1.96
Idaho	10,558	100.0	65.1	4.7	4.6	10.6	32.9	12.2	17.7	1.2	4.8	1.3	9.9	1.31	2.10
Illinois	110,781	100.0	69.5	10.0	7.1	11.5	31.3	9.4	13.6	1.6	4.5	0.9	10.0	1.30	2.28
Indiana	62,349	100.0	71.3	6.0	6.7	13.0	35.0	10.6	12.6	0.9	3.7	1.2	10.3	1.29	2.21
Iowa	35,232	100.0	54.3	3.5	4.4	10.8	28.7	7.0	25.4	1.4	5.2	0.8	12.9	1.32	1.99
Kansas	27,732	100.0	55.1	3.7	4.0	9.4	30.8	7.2	27.3	1.3	4.7	0.8	10.9	1.33	2.01
Kentucky	37,806	100.0	57.0	3.5	4.4	9.8	30.1	9.3	18.5	1.6	7.8	1.9	13.1	1.29	1.97
Louisiana	30,237	100.0	51.1	6.8	4.6	9.3	23.1	7.4	33.2	2.4	5.2	0.7	7.4	1.37	2.08
Maine	13,881	100.0	69.2	9.2	5.6	11.1	33.4	9.9	12.2	0.8	4.0	1.0	12.8	1.28	2.22
Maryland	47,365	100.0	66.8	4.5	5.6	12.5	35.4	8.9	10.2	1.7	5.3	1.2	14.8	1.26	2.09
Massachusetts	68,462	100.0	69.7	8.7	7.1	12.3	28.9	12.7	9.0	1.2	6.4	1.5	12.2	1.27	2.21
Michigan	59,744	100.0	74.0	7.1	7.8	14.1	35.4	9.7	6.9	1.1	4.1	1.1	12.8	1.26	2.24
Minnesota	46,926	100.0	60.3	3.2	3.7	8.9	33.7	10.7	10.2	1.4	6.7	1.5	20.0	1.23	1.92
Mississippi	21,056	100.0	63.1	8.0	6.0	11.2	28.4	9.5	15.6	2.8	6.2	1.5	10.9	1.29	2.16
Missouri	52,732	100.0	64.6	5.6	5.9	11.7	32.8	8.5	20.0	1.4	4.5	0.8	8.7	1.32	2.16
Montana	10,034	100.0	50.1	2.2	3.1	7.2	29.1	8.6	21.2	2.1	7.1	1.9	17.7	1.27	1.84
Nebraska	19,668	100.0	54.9	3.9	4.2	8.7	27.6	10.4	22.0	1.4	6.3	0.8	14.6	1.30	1.96

See footnotes at end of table.

Table 45—Continued

Distribution of Medicare Covered Skilled Nursing Facility (SNF) Stays, by State of Provider and Major RUG-III Groups: Calendar Year 2001

State of Provider	Total Covered Stays <sup>1</sup>	Total All RUG-III Groups	RUG-III Rehabilitation Groups					Other Major RUG-III Groups					Case-Mix Index <sup>3</sup>		
			Total	Ultra	Very	High	Medium	Low	Extensive Care	Special Care	Clinically Complex	Cognitively Impaired	Not Otherwise Classified <sup>2</sup>	Nursing	Nursing/Therapy
				High	High										
Nevada	6,272	100.0	71.2	7.6	8.7	18.0	28.3	8.6	13.2	1.9	4.9	1.1	7.6	1.31	2.30
New Hampshire	10,384	100.0	65.1	4.3	6.4	12.8	29.9	11.7	16.4	1.2	5.0	1.3	10.9	1.30	2.11
New Jersey	78,338	100.0	66.6	3.3	4.9	11.4	37.2	10.0	8.0	1.5	7.1	1.6	15.1	1.24	2.03
New Mexico	6,246	100.0	71.2	4.5	7.6	17.2	34.5	7.4	15.6	1.7	3.6	0.9	7.0	1.32	2.24
New York	117,131	100.0	57.8	0.9	1.7	5.6	33.0	16.5	5.6	1.9	8.4	2.1	24.3	1.19	1.75
North Carolina	55,688	100.0	63.9	2.8	4.5	11.1	34.0	11.6	11.6	2.0	7.0	1.5	14.0	1.27	2.00
North Dakota	8,973	100.0	38.5	1.8	2.1	4.7	21.3	8.7	21.4	2.0	10.9	1.8	25.4	1.22	1.65
Ohio	116,824	100.0	72.9	6.9	7.0	13.5	36.0	9.5	11.0	1.1	4.6	0.7	9.7	1.29	2.25
Oklahoma	25,514	100.0	54.4	3.4	4.3	10.7	29.6	6.5	31.8	1.5	4.4	0.7	7.1	1.37	2.04
Oregon	14,970	100.0	67.4	3.4	5.9	13.6	37.7	6.9	15.2	1.3	4.2	0.7	11.1	1.30	2.12
Pennsylvania	118,898	100.0	69.0	6.6	5.9	11.1	34.3	11.0	10.7	1.5	5.4	1.2	12.2	1.27	2.16
Rhode Island	9,619	100.0	64.4	4.2	6.1	12.0	30.4	11.7	7.9	1.4	8.3	1.4	16.6	1.24	2.03
South Carolina	25,269	100.0	69.0	9.1	5.4	10.0	32.7	11.7	9.4	2.5	6.0	1.2	11.9	1.27	2.20
South Dakota	10,312	100.0	46.7	0.8	1.5	4.8	30.3	9.3	22.1	1.8	9.5	1.0	18.9	1.26	1.74
Tennessee	51,395	100.0	66.6	5.7	5.8	12.0	33.2	9.9	14.0	2.6	6.0	1.4	9.5	1.30	2.14
Texas	115,239	100.0	63.0	6.9	5.6	11.1	29.6	9.8	18.1	1.8	4.7	1.3	11.1	1.30	2.14
Utah	12,441	100.0	71.7	6.6	7.4	15.0	32.4	10.2	15.0	0.8	3.2	0.6	8.8	1.32	2.26
Vermont	5,144	100.0	56.1	4.4	3.8	7.6	26.7	13.6	14.7	2.0	7.6	1.9	17.6	1.25	1.92
Virginia	40,852	100.0	71.6	4.2	6.1	13.7	38.1	9.4	9.5	1.7	4.6	1.1	11.6	1.28	2.15
Washington	33,622	100.0	67.1	3.5	4.7	11.7	36.9	10.3	11.7	1.6	6.6	0.9	12.1	1.28	2.07
West Virginia	17,537	100.0	60.9	4.4	4.6	9.8	32.5	9.7	20.2	1.8	5.2	1.0	10.8	1.31	2.06
Wisconsin	48,879	100.0	69.5	4.7	5.8	12.8	36.8	9.4	8.0	1.9	5.8	1.2	13.6	1.26	2.12
Wyoming	4,055	100.0	59.2	2.1	2.4	8.6	36.2	9.8	23.3	1.5	5.0	1.4	9.7	1.33	1.98

<sup>1</sup>Reflects SNF admissions with at least 1 day of covered care under Medicare. Excludes SNF providers with no therapy across all covered stays.

<sup>2</sup>Includes the major RUG-III clinical categories, Behavior Problems and Physical Functions (Reduced).

<sup>3</sup>The purpose of the RUG-III case-mix index is to establish equitable payment levels for the Medicare SNF prospective payment system: Federal Register (FR): Medicare Program: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Final Rule. 63 FR (91) 26262, (May 12, 1998). In calculating case-mix indexes for individual SNFs (and the entire State), Centers for Medicare & Medicaid Services uses the RUG-III weights and the MEDPAR analog, and applies them to the distribution of residents in a given SNF.

<sup>4</sup>Excludes Hawaii, Alaska, District of Columbia, Puerto Rico, Guam, Virgin Islands, residence unknown, and outlying areas.

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.