

**Table 6.1**  
**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 1967-2005**

Type of Entitlement and Year <sup>1</sup>	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
1992	25,271	719	6,904	273	132,951	3,128	45.3	2.4	89	124
1994	36,091	1,072	12,864	356	147,106	5,904	45.9	4.0	175	164
1995	40,182	1,194	16,099	401	158,980	7,495	46.6	4.7	223	187
1996	45,883	1,378	20,134	439	167,063	9,095	47.5	5.4	273	208
1997	48,239	1,479	23,274	482	175,423	11,199	48.1	6.4	343	232
1998	45,429	1,422	22,516	496	168,164	11,224	49.9	6.7	351	247
1999	43,397	1,366	18,226	420	166,687	9,617	52.8	5.8	303	222
2000	44,834	1,387	18,208	406	174,261	10,651	58.5	6.1	329	238
2001	48,974	1,464	20,274	414	197,505	13,105	64.6	6.6	392	268
2002	54,674	1,582	23,131	423	215,411	14,503	62.7	6.7	420	265
2003	59,240	1,674	25,738	434	232,821	15,172	58.9	6.5	429	256
2004	62,364	1,732	27,644	443	255,325	17,213	62.3	6.7	478	276
2005	66,002	1,817	29,955	454	274,143	19,077	63.7	7.0	525	289
<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
1992	24,377	772	6,616	271	117,534	3,009	45.5	2.6	95	123
1994	34,667	1,169	12,247	353	128,069	5,650	46.1	4.4	191	163

See footnotes at end of table.

**Table 6.1-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 1967-2005**

Type of Entitlement and Year <sup>1</sup>	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>										
1995	38,490	1,308	15,293	397	137,952	7,149	46.7	5.2	243	186
1996	43,842	1,518	19,084	435	144,485	9,094	47.7	6.3	315	207
1997	45,989	1,636	22,004	478	151,655	10,636	48.3	7.0	378	231
1998	43,206	1,580	21,245	492	144,418	10,647	50.1	7.4	389	246
1999	41,213	1,524	17,170	417	142,425	9,126	53.1	6.4	338	221
2000	42,443	1,548	17,109	403	148,488	10,097	59.0	6.8	368	238
2001	46,179	1,633	18,963	411	167,825	12,387	65.3	7.4	438	268
2002	51,297	1,762	21,541	420	182,303	13,658	63.4	7.5	469	266
2003	55,370	1,867	23,908	432	195,726	14,243	59.6	7.3	480	257
2004	58,007	1,935	25,568	441	213,241	16,081	62.9	7.5	537	277
2005	61,203	2,038	27,662	452	227,594	17,758	64.2	7.8	591	290
<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
1992	894	250	287	322	15,417	119	41.4	0.8	33	133
1994	1,424	353	616	433	19,037	254	41.3	1.3	63	179
1995	1,692	399	806	476	21,029	347	43.0	1.7	82	205
1996	2,041	463	1,049	514	22,577	460	43.9	2.0	104	226
1997	2,250	500	1,270	564	23,768	563	44.3	2.4	125	250
1998	2,216	480	1,271	573	23,746	577	45.4	2.6	125	260
1999	2,184	461	1,056	484	24,262	491	46.5	2.0	104	225
2000	2,392	488	1,099	459	25,773	554	50.5	2.1	113	232
2001	2,795	540	1,312	469	29,680	718	54.7	2.4	139	257
2002	3,377	620	1,590	471	33,108	846	53.2	2.6	155	250
2003	3,870	675	1,830	473	37,095	928	50.7	2.5	162	240
2004	4,357	722	2,076	477	42,085	1,131	54.5	2.7	187	260
2005	4,799	764	2,293	478	46,550	1,319	57.5	2.8	210	275

<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 Data Extract System; data development by the Office of Research, Development, and Information.

Table 6.1

**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 1967-2006**

Type of Entitlement and Year <sup>1</sup>	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 Payment:	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
1992	25,271	719	6,904	273	132,951	3,128	45.3	2.4	89	124
1994	36,091	1,072	12,864	356	147,106	5,904	45.9	4.0	175	164
1995	40,182	1,194	16,099	401	158,980	7,495	46.6	4.7	223	187
1996	45,883	1,378	20,134	439	167,063	9,095	47.5	5.4	273	208
1997	48,239	1,479	23,274	482	175,423	11,199	48.1	6.4	343	232
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2001	48,974	1,464	20,274	414	197,505	13,105	64.6	6.6	392	268
2002	54,674	1,582	23,131	423	215,411	14,503	62.7	6.7	420	265
2003	59,240	1,674	25,738	434	232,821	15,172	58.9	6.5	429	256
2004	62,364	1,732	27,644	443	255,325	17,213	62.3	6.7	478	276
2005	66,002	1,817	29,955	454	274,143	19,077	63.7	7.0	525	289
2006	67,143	1,892	31,494	469	280,672	20,499	65.1	7.3	578	305
<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
1992	24,377	772	6,616	271	117,534	3,009	45.5	2.6	95	123
1994	34,667	1,169	12,247	353	128,069	5,650	46.1	4.4	191	163

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Type of Entitlement and Year <sup>1</sup>	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>										
1995	38,490	1,308	15,293	397	137,952	7,149	46.7	5.2	243	186
1996	43,842	1,518	19,084	435	144,485	9,094	47.7	6.3	315	207
1997	45,989	1,636	22,004	478	151,655	10,636	48.3	7.0	378	231
1998	43,206	1,580	21,245	492	144,418	10,647	50.1	7.4	389	246
1999	41,213	1,524	17,170	417	142,425	9,126	53.1	6.4	338	221
2000	42,443	1,548	17,109	403	148,488	10,097	59.0	6.8	368	238
2001	46,179	1,633	18,963	411	167,825	12,387	65.3	7.4	438	268
2002	51,297	1,762	21,541	420	182,303	13,658	63.4	7.5	469	266
2003	55,370	1,867	23,908	432	195,726	14,243	59.6	7.3	480	257
2004	58,007	1,935	25,568	441	213,241	16,081	62.9	7.5	537	277
2005	61,203	2,038	27,662	452	227,594	17,758	64.2	7.8	591	290
2006	62,091	2,122	29,034	468	232,468	19,038	65.6	8.2	651	307
<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
1992	894	250	287	322	15,417	119	41.4	0.8	33	133
1994	1,424	353	616	433	19,037	254	41.3	1.3	63	179
1995	1,692	399	806	476	21,029	347	43.0	1.7	82	205
1996	2,041	463	1,049	514	22,577	460	43.9	2.0	104	226
1997	2,250	500	1,270	564	23,768	563	44.3	2.4	125	250
1998	2,216	480	1,271	573	23,746	577	45.4	2.6	125	260
1999	2,184	461	1,056	484	24,262	491	46.5	2.0	104	225
2000	2,392	488	1,099	459	25,773	554	50.5	2.1	113	232
2001	2,795	540	1,312	469	29,680	718	54.7	2.4	139	257
2002	3,377	620	1,590	471	33,108	846	53.2	2.6	155	250
2003	3,870	675	1,830	473	37,095	928	50.7	2.5	162	240
2004	4,357	722	2,076	477	42,085	1,131	54.5	2.7	187	260
2005	4,799	764	2,293	478	46,550	1,319	57.5	2.8	210	275
2006	5,052	812	2,459	487	48,204	1,461	59.4	3.0	235	289

<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 Data Extract System; data development by the Office of Research, Development, and Information.

Table 6.2

**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 2005**

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>	2,549,408	70	66,002	1,817	26
<b>Age</b>					
Under 65 Years	179,637	29	4,634	737	26
65-69 Years	215,047	25	5,205	609	24
70-74 Years	257,637	37	6,108	889	24
75-79 Years	415,644	70	10,269	1,718	25
80-84 Years	555,727	121	14,428	3,154	26
85 Years or Over	925,716	228	25,357	6,238	27
<b>Sex</b>					
Male	907,293	56	22,454	1,392	25
Female	1,642,115	81	43,548	2,157	27
<b>Race<sup>4</sup></b>					
White	2,197,308	72	56,160	1,830	26
Other	344,067	62	9,628	1,731	28
<b>Type of Entitlement</b>					
Aged <sup>5</sup>	2,363,027	79	61,203	2,038	26
Disabled <sup>6</sup>	186,381	30	4,799	764	26
<b>Discharge Status</b>					
Alive	2,421,232	NA	63,730	NA	26
Dead	128,176	NA	2,272	NA	18

<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. NA is not available.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

Table 6.2-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 2005

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
\$29,955,327	\$11,750	\$454	\$19,076,973	64	\$7,487	\$289
2,214,427	12,327	478	1,274,050	58	7,097	275
2,527,643	11,754	486	1,484,610	59	6,909	285
2,991,771	11,612	490	1,788,179	60	6,945	293
4,878,883	11,738	475	3,007,564	62	7,240	293
6,566,438	11,816	455	4,210,632	64	7,581	292
10,776,165	11,641	425	7,311,938	68	7,902	288
10,440,837	11,508	465	6,529,955	63	7,202	291
19,514,490	11,884	448	12,547,019	64	7,645	288
25,576,403	11,640	455	16,296,353	64	7,421	290
4,282,953	12,448	445	2,719,353	63	7,909	282
27,661,858	11,706	452	17,757,658	64	7,519	290
2,293,470	12,305	478	1,319,316	58	7,084	275
28,956,977	11,960	454	18,422,372	64	7,613	289
998,350	7,789	439	654,601	66	5,110	288

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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>	2,543,133	72	67,143	1,892	26
<b>Age</b>					
Under 65 Years	186,324	30	4,865	782	26
65-69 Years	220,243	26	5,429	648	25
70-74 Years	254,805	38	6,186	934	24
75-79 Years	403,992	71	10,162	1,775	25
80-84 Years	545,021	123	14,402	3,243	26
85 Years or Over	932,748	228	26,099	6,386	28
<b>Sex</b>					
Male	908,751	57	22,916	1,447	25
Female	1,634,382	83	44,227	2,251	27
<b>Race<sup>4</sup></b>					
White	2,190,389	73	57,070	1,904	26
Other	345,603	64	9,884	1,817	29
<b>Type of Entitlement</b>					
Aged <sup>5</sup>	2,349,557	80	62,091	2,122	26
Disabled <sup>6</sup>	193,576	31	5,052	812	26
<b>Discharge Status</b>					
Alive	2,425,625	NA	65,007	NA	27
Dead	117,508	NA	2,135	NA	18

<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. NA is not available.

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**Table 6.2—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 2006**

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
\$31,493,529	\$12,384	\$469	\$20,498,788	65	\$8,067	\$305
2,368,593	12,712	487	1,407,356	59	7,561	289
2,689,238	12,210	495	1,632,357	61	7,418	301
3,119,239	12,242	504	1,919,753	62	7,540	310
4,977,103	12,320	490	3,154,647	63	7,814	310
6,790,686	12,459	471	4,445,271	65	8,162	309
11,548,670	12,381	442	7,939,403	69	8,518	304
10,990,029	12,094	480	7,050,414	64	7,765	308
20,503,499	12,545	464	13,448,374	66	8,234	304
26,903,173	12,282	471	17,510,428	65	8,000	307
4,502,403	13,028	456	2,931,076	65	8,489	297
29,034,462	12,357	468	19,037,815	66	8,109	307
2,459,067	12,703	487	1,460,972	59	7,555	289
30,533,022	12,588	470	19,851,696	65	8,190	305
960,507	8,174	450	647,091	67	5,510	303

**Table 6.3  
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 2005**

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	Amount	Per	Per Day	Amount	Per	Per Day	
			in Thousands	Admission	in Thousands	Admission		in Thousands	Admission <sup>3</sup>		
All Areas <sup>4</sup>	2,549,408	70	66,002	1,817	25.9	\$29,955,327	\$11,750	\$454	\$19,076,973	\$7,487	\$289
United States	2,546,290	72	65,936	1,858	25.9	29,924,810	11,752	454	19,061,294	7,490	289
Northeast	565,134	83	14,940	2,185	26.4	6,928,663	12,260	464	4,498,859	7,964	301
Midwest	740,498	84	18,149	2,047	24.5	8,192,503	11,064	451	5,229,846	7,070	288
South	901,836	65	24,311	1,755	27.0	10,184,438	11,293	419	6,520,786	7,232	268
West	338,822	57	8,536	1,439	25.2	4,619,207	13,633	541	2,811,803	8,305	329
New England	173,339	90	4,705	2,436	27.1	2,229,858	12,864	474	1,449,887	8,367	308
Connecticut	48,671	99	1,490	3,027	30.6	679,404	13,959	456	454,265	9,335	305
Maine	16,691	71	386	1,650	23.1	200,263	11,998	519	122,035	7,311	316
Massachusetts	77,841	96	2,060	2,549	26.5	1,017,977	13,078	494	631,820	8,121	307
New Hampshire	13,915	73	354	1,869	25.4	162,171	11,654	458	116,509	8,373	329
Rhode Island	10,313	92	265	2,361	25.7	112,745	10,932	426	80,263	7,792	303
Vermont	5,908	62	150	1,563	25.3	57,299	9,699	383	44,994	7,616	301
Middle Atlantic	391,795	80	10,235	2,086	26.1	4,698,804	11,993	459	3,048,972	7,786	298
New Jersey	106,322	96	2,436	2,198	22.9	1,236,072	11,626	507	799,946	7,524	328
New York	151,478	69	4,430	2,012	29.2	1,916,645	12,653	433	1,336,476	8,831	302
Pennsylvania	133,995	84	3,369	2,111	25.1	1,546,087	11,538	459	912,550	6,812	271
East North Central	506,727	82	13,348	2,162	26.3	5,998,199	11,837	449	3,804,427	7,516	285
Illinois	145,738	92	3,581	2,271	24.6	1,798,491	12,341	502	1,044,134	7,171	292
Indiana	71,136	81	2,123	2,412	29.9	881,547	12,392	415	574,331	8,085	270
Michigan	85,682	59	2,443	1,678	28.5	1,041,863	12,160	426	701,117	8,204	287
Ohio	148,012	98	3,749	2,484	25.3	1,679,008	11,344	448	1,043,280	7,049	278
Wisconsin	56,159	75	1,451	1,928	25.8	597,291	10,636	412	441,564	7,873	304

See footnotes at end of table.

**Table 6.3—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 2005**

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	Amount	Per	Per Day	Amount	Per	Per Day	
			in Thousands	Admission	in Thousands	Admission		in Thousands	Admission <sup>3</sup>		
West North Central	233,771	87	4,800	1,783	20.5	\$2,194,304	\$9,387	\$457	\$1,425,419	\$6,103	\$297
Iowa	41,359	89	627	1,356	15.2	322,712	7,803	515	207,816	5,026	331
Kansas	32,532	84	644	1,673	19.8	300,697	9,243	467	205,752	6,337	319
Minnesota	54,211	94	1,170	2,029	21.6	484,900	8,945	414	367,996	6,789	314
Missouri	62,964	79	1,527	1,922	24.2	730,309	11,599	478	382,869	6,085	251
Nebraska	22,198	89	468	1,883	21.1	203,909	9,186	436	148,459	6,713	317
North Dakota	9,294	91	173	1,697	18.6	72,278	7,777	418	47,351	5,096	274
South Dakota	11,213	90	191	1,542	17.1	79,499	7,090	416	65,177	5,817	341
South Atlantic	481,540	65	12,978	1,748	27.0	5,300,516	11,007	408	3,641,704	7,564	281
Delaware	7,862	62	194	1,540	24.7	80,243	10,206	413	57,744	7,345	297
District of Columbia	5,412	82	139	2,111	25.7	68,698	12,694	493	42,852	7,919	308
Florida	183,090	75	4,929	2,018	26.9	2,156,760	11,780	438	1,452,280	7,933	295
Georgia	50,766	51	1,375	1,374	27.1	499,912	9,847	364	366,868	7,236	267
Maryland	53,993	82	1,226	1,855	22.7	509,795	9,442	416	367,013	6,799	299
North Carolina	69,559	58	2,036	1,701	29.3	746,424	10,731	367	532,280	7,653	261
South Carolina	31,248	49	933	1,465	29.8	359,573	11,507	386	243,362	7,789	261
Virginia	59,229	62	1,610	1,672	27.2	654,077	11,043	406	440,354	7,435	274
West Virginia	20,381	61	536	1,612	26.3	225,035	11,041	420	138,950	6,818	259
East South Central	173,075	66	4,832	1,849	27.9	1,909,207	11,031	395	1,203,561	6,956	249
Alabama	40,012	59	1,127	1,654	28.2	392,269	9,804	348	274,490	6,866	244
Kentucky	46,728	72	1,240	1,902	26.5	520,999	11,150	420	309,010	6,614	249
Mississippi	28,036	62	771	1,714	27.5	331,678	11,830	430	197,575	7,048	256
Tennessee	58,299	70	1,694	2,040	29.1	664,261	11,394	392	422,487	7,248	249

See footnotes at end of table.

**Table 6.3—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 2005**

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	Amount	Per	Per Day	Amount	Per	Per Day	
			in Thousands	Admission	in Thousands	Admission		in Thousands	Admission <sup>3</sup>		
West South Central	247,221	65	6,501	1,704	26.3	\$2,974,715	\$12,033	\$458	\$1,675,520	\$6,778	\$258
Arkansas	30,547	65	696	1,485	22.8	348,681	11,415	501	166,516	5,452	239
Louisiana	39,411	73	996	1,853	25.3	502,259	12,744	505	243,606	6,182	245
Oklahoma	29,649	60	696	1,406	23.5	357,975	12,074	514	179,962	6,073	259
Texas	147,614	64	4,114	1,778	27.9	1,765,800	11,962	429	1,085,435	7,354	264
Mountain	106,074	53	2,595	1,307	24.5	1,164,269	10,976	449	776,105	7,324	299
Arizona	25,636	45	574	1,002	22.4	233,366	9,103	407	167,023	6,517	291
Colorado	25,266	67	615	1,642	24.3	289,165	11,445	470	196,927	7,807	320
Idaho	10,509	61	268	1,567	25.5	117,117	11,144	437	77,090	7,362	288
Montana	10,387	71	219	1,499	21.1	95,117	9,157	435	64,781	6,245	296
Nevada	7,494	36	218	1,037	29.1	91,235	12,174	418	70,357	9,391	322
New Mexico	8,418	38	228	1,041	27.1	106,339	12,632	467	61,162	7,266	268
Utah	13,532	61	358	1,614	26.5	181,101	13,383	505	106,877	7,899	298
Wyoming	4,832	69	115	1,644	23.7	50,829	10,519	443	31,888	6,599	278
Pacific	232,748	59	5,941	1,506	25.5	3,454,938	14,844	582	2,035,698	8,753	343
Alaska	1,038	20	27	527	26.1	18,218	17,551	672	13,078	12,599	482
California	171,231	63	4,410	1,618	25.8	2,769,234	16,173	628	1,534,688	8,969	348
Hawaii	3,209	27	87	722	27.1	49,317	15,368	567	28,661	8,931	329
Oregon	18,339	51	417	1,161	22.7	183,350	9,998	440	139,403	7,611	334
Washington	38,931	57	1,001	1,453	25.7	434,818	11,169	435	319,868	8,221	320
Outlying Areas <sup>5</sup>	3,118	4	66	80	21.1	30,517	9,788	463	15,679	5,030	238

<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 skilled nursing facilities (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 Data Extract System; data development by the Office of Research, Development, and Information.

Table 6.3

**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 2006**

Area of Residence	Covered Admissions <sup>1</sup>		Covered Days of Care		Per Admis- sion	Covered Charges			Program Payments		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Number in Thousands	Per 1,000 HI Enrollees <sup>2</sup>		Amount in Thousands	Per Admis- sion	Per Day	Amount in Thousands	Per Admis- sion <sup>3</sup>	Per Day
All Areas <sup>4</sup>	2,543,133	72	67,143	1,892	26.4	\$31,493,529	\$12,384	\$469	\$20,498,788	\$8,067	\$305
United States	2,540,798	73	67,090	1,927	26.4	31,467,135	12,385	469	20,485,644	8,069	305
Northeast	562,096	84	14,872	2,223	26.5	7,215,765	12,837	485	4,763,754	8,480	320
Midwest	738,449	85	18,471	2,132	25.0	8,603,263	11,650	466	5,608,788	7,605	304
South	905,867	66	25,116	1,843	27.7	10,882,097	12,013	433	7,081,181	7,819	282
West	334,386	57	8,630	1,478	25.8	4,766,010	14,253	552	3,031,922	9,079	351
New England	175,402	90	4,735	2,433	27.0	2,372,050	13,524	501	1,560,935	8,906	330
Connecticut	49,171	101	1,476	3,024	30.0	717,962	14,601	486	479,594	9,754	325
Maine	16,404	69	380	1,605	23.2	213,281	13,002	561	126,784	7,729	333
Massachusetts	79,594	98	2,112	2,587	26.5	1,091,278	13,711	517	694,866	8,743	329
New Hampshire	14,225	73	368	1,891	25.9	175,536	12,340	477	127,531	8,970	347
Rhode Island	10,051	90	245	2,199	24.4	111,768	11,120	456	80,281	7,989	327
Vermont	5,957	61	153	1,560	25.7	62,225	10,446	406	51,880	8,711	339
Middle Atlantic	386,694	82	10,138	2,137	26.2	4,843,715	12,526	478	3,202,819	8,287	316
New Jersey	109,052	98	2,510	2,262	23.0	1,314,845	12,057	524	927,983	8,510	370
New York	150,470	70	4,389	2,040	29.2	1,984,517	13,189	452	1,346,370	8,953	307
Pennsylvania	127,172	86	3,239	2,185	25.5	1,544,354	12,144	477	928,466	7,306	287
East North Central	511,093	84	13,663	2,257	26.7	6,324,253	12,374	463	4,103,509	8,041	300
Illinois	148,097	94	3,707	2,355	25.0	1,876,946	12,674	506	1,128,480	7,631	304
Indiana	71,967	84	2,180	2,530	30.3	935,902	13,005	429	615,994	8,576	283
Michigan	87,323	61	2,484	1,745	28.4	1,105,168	12,656	445	751,759	8,636	303
Ohio	148,187	100	3,856	2,594	26.0	1,787,511	12,063	464	1,140,393	7,699	296
Wisconsin	55,519	78	1,436	2,030	25.9	618,727	11,144	431	466,883	8,416	325

See footnotes at end of table.

**Table 6.3—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 2006**

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	Amount	Per	Amount	Per	Amount	Per	
			in Thousands	1,000 HI Admis- sion	in Thousands	Admis- sion	Day	in Thousands	Admis- sion <sup>3</sup>	Per Day	
West North Central	227,356	87	4,808	1,843	21.1	\$2,279,009	\$10,024	\$474	\$1,505,279	\$6,627	\$313
Iowa	40,901	92	637	1,426	15.6	335,033	8,191	526	224,442	5,487	352
Kansas	33,031	87	687	1,807	20.8	321,332	9,728	468	226,344	6,867	330
Minnesota	46,773	89	1,005	1,904	21.5	446,910	9,555	445	338,236	7,232	337
Missouri	64,916	82	1,632	2,067	25.1	793,503	12,224	486	439,475	6,779	269
Nebraska	22,106	91	487	2,006	22.0	224,979	10,177	462	159,867	7,244	328
North Dakota	8,986	91	170	1,724	18.9	73,760	8,208	434	50,005	5,565	294
South Dakota	10,643	86	190	1,540	17.9	83,493	7,845	439	66,909	6,287	352
South Atlantic	485,177	67	13,372	1,835	27.6	5,695,513	11,739	426	3,962,585	8,168	296
Delaware	7,898	61	201	1,555	25.4	84,958	10,757	423	61,360	7,775	306
District of Columbia	5,267	80	139	2,104	26.3	72,420	13,750	522	45,308	8,602	327
Florida	181,754	77	5,036	2,127	27.7	2,307,844	12,698	458	1,604,593	8,829	319
Georgia	52,276	53	1,444	1,461	27.6	548,803	10,498	380	398,326	7,621	276
Maryland	55,386	83	1,297	1,940	23.4	559,940	10,110	432	410,704	7,416	317
North Carolina	69,974	60	2,046	1,745	29.2	783,785	11,201	383	557,608	7,972	273
South Carolina	31,638	50	972	1,551	30.7	382,286	12,083	393	262,146	8,286	270
Virginia	60,295	64	1,678	1,788	27.8	714,387	11,848	426	472,870	7,843	282
West Virginia	20,689	63	560	1,701	27.1	241,090	11,653	430	149,670	7,236	267
East South Central	173,861	68	4,951	1,934	28.5	2,038,643	11,726	412	1,313,450	7,557	265
Alabama	41,165	61	1,138	1,699	27.7	412,520	10,021	362	298,917	7,265	263
Kentucky	47,152	74	1,263	1,977	26.8	552,649	11,721	437	339,280	7,197	269
Mississippi	28,593	65	810	1,830	28.3	378,725	13,245	468	220,963	7,728	273
Tennessee	56,951	71	1,739	2,154	30.5	694,748	12,199	399	454,291	7,980	261

See footnotes at end of table.

**Table 6.3—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 2006**

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	Admission	Amount	Per	Per Day	Amount	Per	Per Day
			in Thousands	1,000 HI Enrollees <sup>2</sup>		in Thousands	Admission		in Thousands	Admission <sup>3</sup>	
West South Central	246,829	65	6,793	1,796	27.5	\$3,147,942	\$12,754	\$463	\$1,805,145	\$7,317	\$266
Arkansas	30,563	67	712	1,553	23.3	357,036	11,682	502	176,360	5,772	248
Louisiana	35,762	67	980	1,840	27.4	494,445	13,826	505	245,837	6,884	251
Oklahoma	30,160	61	731	1,478	24.2	380,578	12,619	521	191,556	6,354	262
Texas	150,344	65	4,371	1,902	29.1	1,915,883	12,743	438	1,191,392	7,927	273
Mountain	102,670	54	2,565	1,350	25.0	1,205,661	11,743	470	811,709	7,918	316
Arizona	23,012	44	526	1,006	22.9	221,105	9,608	420	164,363	7,156	312
Colorado	25,239	68	640	1,720	25.3	312,260	12,372	488	214,166	8,513	335
Idaho	10,038	61	263	1,590	26.2	121,959	12,150	464	80,433	8,026	306
Montana	10,030	72	211	1,516	21.1	96,318	9,603	455	66,021	6,583	312
Nevada	8,380	39	237	1,100	28.2	109,075	13,016	461	82,632	9,865	349
New Mexico	8,003	37	225	1,046	28.1	109,587	13,693	488	62,673	7,831	279
Utah	13,031	65	344	1,713	26.4	178,631	13,708	519	105,788	8,122	307
Wyoming	4,937	71	120	1,727	24.3	56,727	11,490	474	35,632	7,219	298
Pacific	231,716	59	6,065	1,540	26.2	3,560,348	15,365	587	2,220,213	9,593	366
Alaska	1,086	20	29	538	26.7	22,201	20,443	766	13,501	12,432	466
California	171,327	63	4,532	1,660	26.5	2,846,211	16,613	628	1,686,593	9,856	372
Hawaii	3,101	26	86	729	27.7	50,775	16,374	591	29,139	9,400	339
Oregon	17,121	50	394	1,154	23.0	183,159	10,698	464	142,065	8,305	360
Washington	39,081	56	1,023	1,473	26.2	458,003	11,719	448	348,916	8,942	341
Outlying Areas <sup>5</sup>	2,335	3	53	79	22.5	26,394	11,304	501	13,143	5,636	250

<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 skilled nursing facilities (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 Data Extract System; data development by the Office of Research, Development, and Information.

Table 6.4

Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2005

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
All Areas <sup>3</sup>	1,747,377	48	1,017,522	37,311,376	1,027	37	\$4,271,553,305	\$117,615	\$4,198
United States	1,744,740	49	1,015,976	37,285,343	1,051	37	4,268,575,693	120,275	4,201
Northeast	387,666	57	232,428	8,416,895	1,231	36	963,529,972	140,920	4,145
Midwest	499,211	56	282,653	10,106,475	1,140	36	1,156,911,503	130,457	4,093
South	615,746	44	366,513	14,049,173	1,014	38	1,608,475,650	116,104	4,389
West	242,117	41	134,382	4,712,800	795	35	539,658,568	90,997	4,016
New England	120,115	62	71,671	2,692,856	1,394	38	308,295,703	159,614	4,302
Connecticut	34,165	69	21,370	896,937	1,822	42	102,709,565	208,583	4,806
Maine	12,017	51	6,855	191,797	821	28	21,949,263	93,902	3,202
Massachusetts	53,207	66	31,303	1,172,653	1,451	38	134,243,992	166,101	4,289
New Hampshire	9,625	51	5,557	201,642	1,065	36	23,091,655	121,934	4,155
Rhode Island	6,903	62	4,197	145,823	1,301	35	16,685,807	148,885	3,976
Vermont	4,198	44	2,389	84,004	878	35	9,615,421	100,483	4,025
Middle Atlantic	267,551	55	160,757	5,724,039	1,167	36	655,234,269	133,560	4,076
New Jersey	69,788	63	41,525	1,260,381	1,137	30	144,219,096	130,110	3,473
New York	106,422	48	65,432	2,598,373	1,180	40	297,512,435	135,152	4,547
Pennsylvania	91,341	57	53,800	1,865,285	1,169	35	213,502,738	133,761	3,968
East North Central	340,475	55	202,245	7,672,040	1,242	38	878,341,145	142,236	4,343
Illinois	94,145	60	54,386	2,047,060	1,298	38	234,333,600	148,614	4,309
Indiana	48,638	55	29,529	1,304,058	1,481	44	149,327,070	169,628	5,057
Michigan	58,627	40	36,715	1,429,698	982	39	163,697,792	112,413	4,459
Ohio	98,601	65	58,189	2,108,595	1,397	36	241,375,352	159,894	4,148
Wisconsin	40,464	54	23,426	782,629	1,040	33	89,607,331	119,112	3,825

See footnotes at end of table.

Table 6.4–Continued

Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2005

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 North Central	158,736	59	80,408	2,434,435	904	30	\$278,570,358	\$103,446	\$3,464
Iowa	27,954	60	12,227	260,451	563	21	29,795,074	64,435	2,437
Kansas	21,953	57	11,088	325,729	846	29	37,275,833	96,761	3,362
Minnesota	37,787	66	19,527	582,275	1,010	30	66,599,759	115,513	3,411
Missouri	41,617	52	23,460	854,977	1,076	36	97,866,564	123,218	4,172
Nebraska	15,380	62	7,660	238,789	961	31	27,330,586	109,953	3,568
North Dakota	6,410	63	3,009	84,829	833	28	9,703,161	95,269	3,225
South Dakota	7,635	62	3,437	87,385	705	25	9,999,381	80,621	2,909
South Atlantic	335,080	45	201,867	7,341,552	989	36	840,544,251	113,205	4,164
Delaware	5,565	44	3,333	101,877	808	31	11,664,678	92,462	3,500
District of Columbia	3,590	54	2,143	79,706	1,208	37	9,126,684	138,312	4,259
Florida	125,759	52	76,051	2,788,594	1,142	37	319,243,422	130,738	4,198
Georgia	35,014	35	20,896	793,829	793	38	90,903,665	90,842	4,350
Maryland	36,460	55	21,157	631,604	956	30	72,296,559	109,406	3,417
North Carolina	50,181	42	30,742	1,193,010	997	39	136,605,184	114,106	4,444
South Carolina	22,732	36	13,883	549,642	863	40	62,941,467	98,849	4,534
Virginia	41,851	43	25,558	891,539	926	35	102,065,156	106,001	3,993
West Virginia	13,928	42	8,104	311,751	937	39	35,697,436	107,315	4,405
East South Central	117,661	45	69,062	2,864,206	1,096	42	327,991,134	125,499	4,749
Alabama	28,621	42	16,314	628,149	922	39	71,923,079	105,530	4,409
Kentucky	30,805	47	17,982	741,232	1,137	41	84,880,036	130,221	4,720
Mississippi	18,555	41	10,878	468,887	1,043	43	53,681,225	119,359	4,935
Tennessee	39,680	48	23,888	1,025,938	1,235	43	117,506,794	141,508	4,919

See footnotes at end of table.

Table 6.4-Continued

Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2005

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 Coinsu	Amount	Per 1,000 HI Enrollees <sup>2</sup>	Per Person With Coinsurance
West South Central	163,005	43	95,584	3,843,415	1,007	40	\$439,940,265	\$115,308	\$4,603
Arkansas	19,830	42	11,226	391,277	835	35	44,784,174	95,545	3,989
Louisiana	24,256	45	14,480	604,666	1,126	42	69,186,393	128,792	4,778
Oklahoma	20,375	41	11,182	386,593	781	35	44,259,631	89,394	3,958
Texas	98,544	43	58,696	2,460,879	1,063	42	281,710,067	121,725	4,799
Mountain	77,710	39	42,035	1,387,131	699	33	158,838,315	79,999	3,779
Arizona	18,989	33	10,693	275,523	481	26	31,529,224	55,055	2,949
Colorado	17,855	48	9,730	330,151	881	34	37,808,878	100,935	3,886
Idaho	7,732	45	4,115	150,875	882	37	17,284,690	101,023	4,200
Montana	7,487	51	3,667	111,056	761	30	12,718,418	87,191	3,468
Nevada	5,596	27	3,137	125,143	594	40	14,335,434	68,101	4,570
New Mexico	6,309	29	3,539	126,481	578	36	14,483,783	66,157	4,093
Utah	10,293	46	5,391	203,254	915	38	23,276,216	104,827	4,318
Wyoming	3,449	49	1,763	64,648	926	37	7,401,672	106,073	4,198
Pacific	164,407	42	92,347	3,325,669	843	36	380,820,253	96,532	4,124
Alaska	808	16	443	14,128	275	32	1,618,092	31,448	3,653
California	118,418	43	67,006	2,529,021	928	38	289,596,945	106,253	4,322
Hawaii	2,542	21	1,466	47,726	396	33	5,468,409	45,415	3,730
Oregon	14,144	39	7,602	194,849	543	26	22,302,418	62,124	2,934
Washington	28,495	41	15,830	539,945	784	34	61,834,389	89,794	3,906
Outlying Areas <sup>4</sup>	2,637	3	1,546	26,033	31	17	2,977,612	3,595	1,926

<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 Data Extract System; data development by the Office of Research, Development, and Information.

**Table 6.4**

**Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2006**

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
All Areas <sup>3</sup>	1,734,318	49	1,036,071	38,297,308	1,079	37	\$4,575,237,789	\$128,924	\$4,416
United States	1,732,389	50	1,034,898	38,273,298	1,099	37	4,572,369,012	131,318	4,418
Northeast	383,251	57	233,848	8,374,014	1,252	36	1,000,363,120	149,553	4,278
Midwest	494,710	57	288,071	10,384,722	1,199	36	1,240,508,572	143,212	4,306
South	617,099	45	377,161	14,690,587	1,078	39	1,755,098,765	128,774	4,653
West	237,329	41	135,818	4,823,975	826	36	576,398,555	98,728	4,244
New England	121,251	62	73,163	2,690,501	1,383	37	321,476,025	165,229	4,394
Connecticut	34,274	70	21,487	878,688	1,800	41	105,020,025	215,158	4,888
Maine	11,960	50	6,820	187,959	793	28	22,454,355	94,769	3,292
Massachusetts	54,133	66	32,479	1,200,262	1,470	37	143,397,081	175,675	4,415
New Hampshire	9,907	51	5,783	209,868	1,078	36	25,085,078	128,879	4,338
Rhode Island	6,708	60	4,147	128,906	1,155	31	15,386,684	137,918	3,710
Vermont	4,269	44	2,447	84,818	864	35	10,132,802	103,259	4,141
Middle Atlantic	262,000	55	160,685	5,683,513	1,198	35	678,887,095	143,123	4,225
New Jersey	70,979	64	43,301	1,307,363	1,178	30	156,085,680	140,642	3,605
New York	104,504	49	65,410	2,577,235	1,198	39	307,916,885	143,120	4,707
Pennsylvania	86,517	58	51,974	1,798,915	1,214	35	214,884,530	144,985	4,134
East North Central	341,393	56	207,302	7,909,129	1,307	38	944,836,120	156,090	4,558
Illinois	94,907	60	56,081	2,145,980	1,364	38	256,331,387	162,886	4,571
Indiana	48,938	57	30,392	1,346,779	1,563	44	160,954,233	186,790	5,296
Michigan	59,616	42	37,814	1,447,373	1,017	38	172,879,252	121,415	4,572
Ohio	98,272	66	59,764	2,191,403	1,474	37	261,765,528	176,085	4,380
Wisconsin	39,660	56	23,251	777,594	1,099	33	92,905,720	131,349	3,996

See footnotes at end of table.

**Table 6.4—Continued**

**Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2006**

Area of Residence	Number	Persons Served <sup>d</sup>		Number	Coinsurance Days		Coinsurance Payments		
		Per 1,000 HI Enrollees <sup>2</sup>	With Coinsurance		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 North Central	153,317	59	80,769	2,475,593	949	31	\$295,672,452	\$113,332	\$3,661
Iowa	27,211	61	12,510	266,199	596	21	31,781,710	71,180	2,541
Kansas	21,900	58	11,772	356,980	939	30	42,621,963	112,144	3,621
Minnesota	32,894	62	17,336	490,541	929	28	58,592,578	111,021	3,380
Missouri	42,602	54	24,866	935,399	1,184	38	111,735,837	141,491	4,494
Nebraska	15,196	63	7,994	255,039	1,051	32	30,455,546	125,455	3,810
North Dakota	6,172	63	2,912	82,777	840	28	9,890,451	100,370	3,396
South Dakota	7,342	59	3,379	88,658	717	26	10,594,367	85,727	3,135
South Atlantic	335,710	46	207,428	7,648,318	1,050	37	913,730,997	125,397	4,405
Delaware	5,500	43	3,290	107,221	830	33	12,812,552	99,240	3,894
District of Columbia	3,562	54	2,204	78,655	1,193	36	9,399,302	142,597	4,265
Florida	124,432	53	77,114	2,886,354	1,219	37	344,824,103	145,644	4,472
Georgia	35,860	36	22,030	840,415	850	38	100,381,495	101,550	4,557
Maryland	36,948	55	22,046	682,913	1,022	31	81,569,035	122,063	3,700
North Carolina	50,223	43	31,471	1,192,389	1,017	38	142,472,166	121,526	4,527
South Carolina	22,857	36	14,332	583,326	930	41	69,689,951	111,131	4,863
Virginia	42,210	45	26,424	946,077	1,008	36	113,035,804	120,421	4,278
West Virginia	14,118	43	8,517	330,968	1,005	39	39,546,589	120,106	4,643
East South Central	118,335	46	70,861	2,953,505	1,154	42	352,909,457	137,890	4,980
Alabama	29,585	44	17,039	618,532	923	36	73,906,782	110,280	4,338
Kentucky	31,133	49	18,712	756,150	1,183	40	90,353,471	141,350	4,829
Mississippi	18,913	43	11,273	497,714	1,124	44	59,455,460	134,313	5,274
Tennessee	38,704	48	23,837	1,081,109	1,339	45	129,193,744	160,031	5,420

See footnotes at end of table.

**Table 6.4—Continued**

**Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2006**

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	163,054	43	98,872	4,088,764	1,081	41	\$488,458,311	\$129,112	\$4,940
Arkansas	19,959	44	11,657	398,346	870	34	47,551,328	103,794	4,079
Louisiana	22,178	42	13,690	618,054	1,161	45	73,817,019	138,661	5,392
Oklahoma	20,405	41	11,553	413,498	836	36	49,406,350	99,912	4,276
Texas	100,512	44	61,972	2,658,866	1,157	43	317,683,614	138,230	5,126
Mountain	74,852	39	41,655	1,383,944	728	33	165,361,990	87,031	3,970
Arizona	17,034	33	9,837	254,633	487	26	30,408,242	58,100	3,091
Colorado	17,850	48	9,977	348,857	938	35	41,689,245	112,122	4,179
Idaho	7,343	44	3,982	149,863	906	38	17,916,479	108,325	4,499
Montana	7,162	51	3,717	107,248	769	29	12,815,566	91,890	3,448
Nevada	6,024	28	3,503	134,726	627	39	16,096,291	74,853	4,595
New Mexico	6,082	28	3,522	126,277	588	36	15,089,485	70,262	4,284
Utah	9,802	49	5,217	193,908	966	37	23,172,633	115,381	4,442
Wyoming	3,555	51	1,900	68,432	987	36	8,174,049	117,890	4,302
Pacific	162,477	41	94,163	3,440,031	873	37	411,036,565	104,371	4,365
Alaska	852	16	484	15,307	284	32	1,829,508	33,992	3,780
California	117,389	43	68,568	2,633,647	965	38	314,664,427	115,262	4,589
Hawaii	2,483	21	1,402	48,198	408	34	5,757,858	48,795	4,107
Oregon	13,102	38	7,363	186,342	545	25	22,264,755	65,151	3,024
Washington	28,651	41	16,346	556,537	801	34	66,520,017	95,757	4,069
Outlying Areas <sup>4</sup>	1,929	3	1,173	24,010	36	21	2,868,777	4,289	2,446

<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 Data Extract System; data development by the Office of Research, Development, and Information.

Table 6.5

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 2005

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	1,747,377	2,549,408	66,001,950	25.9	37.8	\$29,955,327	\$11,750	\$17,143	\$454
1-8 Days	448,145	640,890	3,068,033	4.8	6.8	2,347,765	3,663	5,239	765
9-20 Days	555,499	785,062	11,126,642	14.2	20.0	6,469,482	8,241	11,646	581
21-40 Days	400,579	605,253	17,485,619	28.9	43.7	7,992,293	13,205	19,952	457
41-60 Days	164,588	259,640	12,844,753	49.5	78.0	5,217,045	20,093	31,698	406
61-80 Days	73,038	120,482	8,367,445	69.4	114.6	3,212,589	26,664	43,985	384
81 Days or More	105,528	138,081	13,109,458	94.9	124.2	4,716,153	34,155	44,691	360
<b>Aged</b>									
Total	1,625,155	2,363,027	61,202,566	25.9	37.7	27,661,858	11,706	17,021	452
1-8 Days	413,668	589,056	2,826,233	4.8	6.8	2,150,952	3,652	5,200	761
9-20 Days	516,715	727,626	10,310,955	14.2	20.0	5,977,102	8,215	11,568	580
21-40 Days	376,271	566,177	16,353,260	28.9	43.5	7,435,431	13,133	19,761	455
41-60 Days	154,273	242,377	11,988,976	49.5	77.7	4,851,023	20,014	31,444	405
61-80 Days	67,949	111,651	7,752,455	69.4	114.1	2,965,320	26,559	43,640	383
81 Days or More	96,279	126,140	11,970,687	94.9	124.3	4,282,029	33,947	44,475	358
<b>Disabled</b>									
Total	122,222	186,381	4,799,384	25.8	39.3	2,293,470	12,305	18,765	478
1-8 Days	34,477	51,834	241,800	4.7	7.0	196,813	3,797	5,709	814
9-20 Days	38,784	57,436	815,687	14.2	21.0	492,380	8,573	12,695	604
21-40 Days	24,308	39,076	1,132,359	29.0	46.6	556,862	14,251	22,909	492
41-60 Days	10,315	17,263	855,777	49.6	83.0	366,022	21,203	35,484	428
61-80 Days	5,089	8,831	614,990	69.6	120.8	247,268	28,000	48,589	402
81 Days or More	9,249	11,941	1,138,771	95.4	123.1	434,124	36,356	46,937	381

See footnotes at end of table.

Table 6.5- 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 2005

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	\$4,271,553	\$1,676	\$2,445	\$65	\$19,076,973	\$7,487	\$10,917	\$289
1-8 Days	55,002	86	123	18	1,072,680	1,675	2,394	350
9-20 Days	243,666	310	439	22	3,764,609	4,798	6,777	338
21-40 Days	965,402	1,595	2,410	55	5,283,465	8,734	13,190	302
41-60 Days	1,034,530	3,984	6,286	81	3,535,230	13,620	21,479	275
61-80 Days	759,946	6,308	10,405	91	2,176,453	18,067	29,799	260
81 Days or More	1,213,007	8,785	11,495	93	3,244,537	23,502	30,746	247
<b>Aged</b>								
Total	3,945,959	1,670	2,428	64	17,757,658	7,519	10,927	290
1-8 Days	49,869	85	121	18	993,949	1,689	2,403	352
9-20 Days	223,031	307	432	22	3,504,285	4,819	6,782	340
21-40 Days	898,603	1,587	2,388	55	4,959,875	8,765	13,182	303
41-60 Days	963,621	3,976	6,246	80	3,310,808	13,664	21,461	276
61-80 Days	703,262	6,299	10,350	91	2,022,447	18,117	29,764	261
81 Days or More	1,107,572	8,780	11,504	93	2,966,294	23,521	30,809	248
<b>Disabled</b>								
Total	325,594	1,747	2,664	68	1,319,316	7,084	10,794	275
1-8 Days	5,133	99	149	21	78,731	1,520	2,284	326
9-20 Days	20,635	359	532	25	260,324	4,535	6,712	319
21-40 Days	66,799	1,709	2,748	59	323,590	8,288	13,312	286
41-60 Days	70,909	4,108	6,874	83	224,422	13,004	21,757	262
61-80 Days	56,684	6,419	11,138	92	154,006	17,441	30,263	250
81 Days or More	105,435	8,830	11,400	93	278,243	23,309	30,084	244

<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 Data Extract System; data development by the Office of Research, Development, and Information.

**Table 6.5**

**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 2006**

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	1,734,318	2,543,133	67,142,617	26.4	38.7	\$31,493,529	\$12,384	\$18,159	\$469
1-8 Days	426,756	617,016	2,937,786	4.8	6.9	2,317,841	3,757	5,431	789
9-20 Days	543,724	772,437	10,986,102	14.2	20.2	6,566,062	8,500	12,076	598
21-40 Days	408,486	618,880	17,910,030	28.9	43.8	8,484,805	13,710	20,771	474
41-60 Days	171,812	270,339	13,384,698	49.5	77.9	5,659,012	20,933	32,937	423
61-80 Days	76,514	124,629	8,654,677	69.4	113.1	3,462,125	27,779	45,248	400
81 Days or More	107,026	139,832	13,269,324	94.9	124.0	5,003,684	35,784	46,752	377
<b>Aged</b>									
Total	1,608,840	2,349,557	62,090,952	26.4	38.6	29,034,462	12,357	18,047	468
1-8 Days	392,504	564,543	2,695,155	4.8	6.9	2,119,005	3,753	5,399	786
9-20 Days	504,537	713,630	10,147,820	14.2	20.1	6,057,580	8,488	12,006	597
21-40 Days	382,746	577,032	16,693,448	28.9	43.6	7,880,187	13,656	20,589	472
41-60 Days	160,431	251,510	12,452,489	49.5	77.6	5,246,687	20,861	32,704	421
61-80 Days	71,102	115,395	8,013,470	69.4	112.7	3,198,128	27,715	44,979	399
81 Days or More	97,520	127,447	12,088,570	94.9	124.0	4,532,875	35,567	46,481	375
<b>Disabled</b>									
Total	125,478	193,576	5,051,665	26.1	40.3	2,459,067	12,703	19,598	487
1-8 Days	34,252	52,473	242,631	4.6	7.1	198,836	3,789	5,805	819
9-20 Days	39,187	58,807	838,282	14.3	21.4	508,481	8,647	12,976	607
21-40 Days	25,740	41,848	1,216,582	29.1	47.3	604,618	14,448	23,489	497
41-60 Days	11,381	18,829	932,209	49.5	81.9	412,326	21,898	36,229	442
61-80 Days	5,412	9,234	641,207	69.4	118.5	263,997	28,590	48,780	412
81 Days or More	9,506	12,385	1,180,754	95.3	124.2	470,809	38,014	49,528	399

See footnotes at end of table.

**Table 6.5—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 2006**

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	\$4,575,238	\$1,799	\$2,638	\$68	\$20,498,788	\$8,067	\$11,820	\$305
1-8 Days	58,060	94	136	20	1,107,424	1,797	2,595	377
9-20 Days	257,402	333	473	23	4,023,803	5,213	7,400	366
21-40 Days	1,037,198	1,676	2,539	58	5,792,789	9,367	14,181	323
41-60 Days	1,124,002	4,158	6,542	84	3,865,994	14,306	22,501	289
61-80 Days	818,599	6,568	10,699	95	2,335,774	18,747	30,527	270
81 Days or More	1,279,977	9,154	11,959	96	3,373,004	24,124	31,516	254
<b>Aged</b>								
Total	4,215,107	1,794	2,620	68	19,037,815	8,109	11,833	307
1-8 Days	52,378	93	133	19	1,023,466	1,815	2,608	380
9-20 Days	234,575	329	465	23	3,736,148	5,239	7,405	368
21-40 Days	961,056	1,666	2,511	58	5,421,601	9,402	14,165	325
41-60 Days	1,043,913	4,151	6,507	84	3,608,430	14,352	22,492	290
61-80 Days	757,173	6,562	10,649	94	2,168,097	18,794	30,493	271
81 Days or More	1,166,013	9,149	11,957	96	3,080,075	24,170	31,584	255
<b>Disabled</b>								
Total	360,131	1,860	2,870	71	1,460,972	7,555	11,643	289
1-8 Days	5,682	108	166	23	83,958	1,603	2,451	346
9-20 Days	22,827	388	583	27	287,655	4,896	7,341	343
21-40 Days	76,143	1,820	2,958	63	371,189	8,878	14,421	305
41-60 Days	80,089	4,253	7,037	86	257,564	13,683	22,631	276
61-80 Days	61,426	6,652	11,350	96	167,677	18,161	30,983	262
81 Days or More	113,964	9,202	11,989	97	292,929	23,652	30,815	248

<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 Data Extract System; data development by the Office of Research, Development, and Information.

**Table 6.6**  
**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 2005**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal	Covered Admissions <sup>1</sup>	
	ICD-9-CM Code Category	Number	Percent Distri- bution
Total All Diagnoses <sup>4</sup>	---	2,549,408	100.0
Leading Diagnoses <sup>5</sup>	---	2,031,254	79.7
<b>Infectious and Parasitic Diseases (MDC 1)</b>			
Septicemia	001-139 038	40,393 20,366	1.6 0.8
Other	---	20,027	0.8
<b>Neoplasms (MDC 2)</b>			
Malignant Neoplasm of Colon	140-239 153	71,822 5,598	2.8 0.2
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	4,002	0.2
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	11,651	0.5
Malignant Neoplasm of Female Breast	174	3,539	0.1
Malignant Neoplasm of Prostate	185	3,683	0.1
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	4,466	0.2
Other	---	38,883	1.5
<b>Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)</b>			
Diabetes	240-279 250	91,615 47,183	3.6 1.9
Nutritional Deficiencies	260-263	2,654	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	25,306	1.0
Other	---	16,472	0.6
<b>Diseases of the Blood and Blood Forming Organs (MDC 4)</b>			
Other and Unspecified Anemias	280-289 285	21,996 13,862	0.9 0.5
Other	---	8,134	0.3
<b>Mental Disorders (MDC 5)</b>			
Senile and Prosenile Organic Psychotic Conditions	290-319 290	71,482 17,144	2.8 0.7
Other Organic Psychotic Conditions (Chronic)	294	20,023	0.8
Other Non-Organic Psychoses	298	5,856	0.2
Other	---	28,459	1.1
<b>Diseases of the Nervous System and Sense Organs (MDC 6)</b>			
Other Cerebral Degenerations	320-389 331	61,743 21,587	2.4 0.8
Parkinson's Disease	332	13,101	0.5
Hemiplegia	342	2,620	0.1
Other	---	24,435	1.0

See footnotes at end of table.

**Table 6.6—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 2005**

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
66,002	1,817	26	\$29,955,327	\$11,750	\$454	\$19,076,973	\$7,487	\$289
52,317	1,441	26	24,120,866	11,875	461	15,225,993	7,500	291
957	26	24	487,907	12,079	510	287,613	7,124	300
454	13	22	249,495	12,251	549	131,907	6,479	290
503	14	25	238,412	11,905	474	155,706	7,779	310
1,576	43	22	706,872	9,842	448	447,015	6,227	284
117	3	21	53,806	9,612	461	34,390	6,147	295
93	3	23	39,086	9,767	422	26,320	6,578	284
226	6	19	104,880	9,002	464	64,472	5,535	285
91	2	26	36,698	10,370	405	25,035	7,078	276
91	3	25	37,693	10,234	413	25,951	7,048	285
82	2	18	50,328	11,269	613	23,905	5,356	291
877	24	23	384,382	9,886	438	246,943	6,355	282
2,584	71	28	1,022,938	11,166	396	697,673	7,621	270
1,410	39	30	550,365	11,664	390	370,196	7,853	262
80	2	30	33,723	12,707	421	20,786	7,838	260
634	17	25	257,491	10,175	406	179,673	7,104	283
460	13	28	181,359	11,010	394	127,018	7,714	276
577	16	26	231,707	10,534	402	157,966	7,187	274
369	10	27	144,807	10,446	392	100,920	7,284	273
207	6	26	86,901	10,684	419	57,046	7,021	275
2,194	60	31	739,776	10,349	337	541,211	7,577	247
544	15	32	183,487	10,703	338	136,475	7,967	251
627	17	31	207,943	10,385	332	155,160	7,755	247
179	5	31	59,862	10,222	334	45,234	7,735	252
844	23	30	288,484	10,137	342	204,342	7,186	242
1,960	54	32	745,101	12,068	380	530,855	8,603	271
668	18	31	219,104	10,150	328	166,911	7,737	250
442	12	34	169,511	12,939	384	124,415	9,501	282
97	3	37	40,851	15,592	421	28,793	10,990	297
753	21	31	315,635	12,917	419	210,736	8,629	280

**Table 6.6—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 2005**

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 Circulatory System (MDC 7)	390-459	458,260	18.0
Essential Hypertension	401	40,058	1.6
Acute Myocardial Infarction	410	21,265	0.8
Ischemic Heart Disease	414	28,249	1.1
Cardiac Dysrhythmia	427	36,281	1.4
Heart Failure	428	119,721	4.7
Ill-Defined Descriptions and Complication of Heart Disease	429	4,140	0.2
Intracranial Hemorrhage	431	3,330	0.1
Occlusion of Cerebral Arteries	434	15,821	0.6
Transient Cerebral Ischemia	435	10,572	0.4
Acute, But Ill-Defined, Cerebrovascular Disease	436	51,955	2.0
Other and Ill-Defined Cerebrovascular Disease	437	3,658	0.1
Late Effects of Cerebrovascular Disease	438	45,076	1.8
Atherosclerosis	440	2,846	0.1
Other Peripheral Vascular Disease	443	10,068	0.4
Venous Embolism and Thrombosis	453	11,397	0.4
Other	---	53,823	2.1
Diseases of the Respiratory System (MDC 8)	460-519	282,862	11.1
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	9,539	0.4
Pneumonia, Organism Unspecified	486	121,013	4.7
Chronic Bronchitis	491	18,214	0.7
Chronic Airway Obstruction	496	53,624	2.1
Pneumonitis Due to Solids and Liquids	507	17,791	0.7
Other Diseases of Lung	518	22,733	0.9
Other	---	39,948	1.6
Diseases of the Digestive System (MDC 9)	520-579	99,067	3.9
Intestinal Obstruction Without Mention of Hernia	560	12,052	0.5
Diverticula of Intestine	562	7,592	0.3
Gastrointestinal Hemorrhage	578	26,449	1.0
Other	---	52,974	2.1
See footnotes at end of table.			

**Table 6.6—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 2005**

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
12,686	349	28	\$5,252,300	\$11,461	\$414	\$3,633,523	\$7,934	\$286
1,203	33	30	449,075	11,211	373	330,987	8,267	275
493	14	23	211,597	9,950	429	141,676	6,667	287
682	19	24	287,787	10,187	422	196,809	6,972	288
939	26	26	378,424	10,430	403	267,247	7,369	284
2,946	81	25	1,214,726	10,146	412	811,641	6,784	276
119	3	29	44,331	10,708	371	32,656	7,890	273
104	3	31	47,407	14,236	455	32,655	9,815	314
465	13	29	215,610	13,628	463	147,054	9,299	316
301	8	29	119,930	11,344	398	87,712	8,299	291
1,746	48	34	705,806	13,585	404	515,681	9,931	295
124	3	34	47,960	13,111	386	36,338	9,937	293
1,534	42	34	656,031	14,554	428	463,629	10,295	302
69	2	24	35,191	12,365	510	19,141	6,735	277
289	8	29	114,408	11,363	396	77,378	7,692	268
312	9	27	126,364	11,087	404	84,747	7,439	271
1,357	37	25	597,657	11,104	440	388,172	7,215	286
6,776	187	24	3,095,744	10,944	457	1,905,988	6,742	281
199	5	21	118,009	12,371	592	57,627	6,046	289
2,865	79	24	1,229,604	10,161	429	819,003	6,771	286
350	10	19	195,464	10,732	559	100,919	5,544	289
1,384	38	26	545,505	10,173	394	369,251	6,891	267
437	12	25	205,186	11,533	469	123,437	6,941	282
597	16	26	395,914	17,416	664	171,940	7,568	288
944	26	24	406,063	10,165	430	263,811	6,605	279
2,418	67	24	1,009,415	10,189	418	681,695	6,886	282
286	8	24	122,153	10,135	427	82,309	6,833	287
173	5	23	77,450	10,201	449	49,996	6,594	290
683	19	26	261,058	9,870	382	188,456	7,130	276
1,276	35	24	548,754	10,359	430	360,934	6,818	283

**Table 6.6—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 2005**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal	Covered Admissions <sup>1</sup>	
	ICD-9-CM Code Category	Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	131,329	5.2
Chronic Renal Failure	585	17,014	0.7
Renal Failure, Unspecified	586	11,229	0.4
Other Disorders of Urethra and Urinary Tract	599	73,393	2.9
Other	---	29,693	1.2
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	61,106	2.4
Other Cellulitis and Abscess	682	35,626	1.4
Chronic Ulcer of Skin	707	22,163	0.9
Other	---	3,317	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	177,973	7.0
Osteoarthritis and Allied Disorders	715	51,462	2.0
Other and Unspecified Disorders of Joint	719	24,824	1.0
Spinal Stenosis	724	21,259	0.8
Disorders of Muscle, Ligament, and Fascia	728	29,893	1.2
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	8,452	0.3
Other Disorders of Bone and Cartilage	733	14,139	0.6
Other	---	27,944	1.1
Congenital Anomalies (MDC 14)	740-759	4,491	0.2
Other Ill Defined Conditions (MDC 16)	780-799	213,408	8.4
General Symptoms	780	84,316	3.3
Symptoms Involving Nervous and Musculoskeletal Systems	781	31,476	1.2
Symptom Disorders of Cardiovascular System	785	4,634	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	15,643	0.6
Symptoms Involving Digestive System	787	15,869	0.6
Other	---	61,470	2.4
Injury and Poisoning (MDC 17)	800-999	237,927	9.3
Fracture, Vertebra	805	13,350	0.5
Fracture, Pelvis	808	14,622	0.6
Fracture, Humerus	812	11,589	0.5
Fracture, Neck of Femur	820	85,879	3.4
Fracture, Shaft of Femur	821	13,244	0.5
Fracture, Tibia, Fibula	823	6,697	0.3
Fracture of Ankle	824	8,637	0.3
Amputation	897	6,195	0.2
Other	---	77,714	3.0

See footnotes at end of table.

**Table 6.6—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 2005**

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
3,497	96	27	\$1,357,890	\$10,340	\$388	\$960,722	\$7,320	\$275
427	12	25	159,884	9,397	374	113,183	6,659	265
301	8	27	111,698	9,947	372	80,214	7,151	267
2,007	55	27	772,946	10,532	385	557,540	7,601	278
763	21	26	313,363	10,553	411	209,785	7,070	275
1,799	50	29	786,022	12,863	437	486,137	7,960	270
947	26	27	430,269	12,077	454	268,843	7,550	284
761	21	34	316,187	14,266	415	192,674	8,698	253
91	3	28	39,567	11,928	434	24,620	7,429	270
4,572	126	26	2,013,439	11,313	440	1,361,559	7,655	298
1,021	28	20	488,140	9,485	478	333,338	6,484	326
724	20	29	300,506	12,105	415	210,286	8,474	291
527	15	25	225,427	10,604	428	159,971	7,533	304
899	25	30	365,105	12,214	406	253,559	8,484	282
256	7	30	136,607	16,163	533	70,464	8,339	275
405	11	29	169,211	11,968	418	116,516	8,248	288
740	20	27	328,443	11,754	444	217,425	7,785	294
119	3	26	46,453	10,344	392	33,897	7,554	286
5,874	162	28	2,410,075	11,293	410	1,673,029	7,843	285
2,316	64	28	930,334	11,034	402	668,460	7,932	289
885	24	28	388,262	12,335	439	263,058	8,361	297
127	3	28	51,305	11,072	403	35,221	7,609	277
381	10	24	153,078	9,786	402	106,093	6,783	278
506	14	32	182,826	11,521	361	132,568	8,357	262
1,659	46	27	704,269	11,457	425	467,629	7,611	282
7,737	213	33	3,287,690	13,818	425	2,261,050	9,509	292
378	10	28	158,138	11,846	418	112,163	8,409	296
457	13	31	193,840	13,257	424	138,357	9,469	303
418	12	36	172,635	14,896	413	121,919	10,528	292
3,007	83	35	1,248,374	14,536	415	891,007	10,381	296
498	14	38	201,609	15,223	404	142,689	10,777	286
251	7	37	102,478	15,302	409	70,500	10,535	281
311	9	36	129,659	15,012	417	89,449	10,363	287
209	6	34	75,766	12,230	362	52,973	8,551	253
2,206	61	28	1,005,191	12,934	456	641,992	8,267	291

**Table 6.6—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 2005**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal	Covered Admissions <sup>1</sup>	
	ICD-9-CM Code Category	Number	Percent Distri- bution
Supplementary Classification of Factors Influencing			
Health Status and Contact with Health Services	V01-V82	521,376	20.5
Organ of Tissue Replaced by Other Means	V43	19,493	0.8
Orthopedic Aftercare	V54	82,100	3.2
Breathing Exercises	V57	331,484	13.0
Encounter for Other and Unspecified Procedures and Aftercare	V58	52,256	2.0
Convalescence	V66	8,231	0.3
Other	---	27,812	1.1

<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.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Table 6.6—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 2005**

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
10,604	292	20	\$6,732,947	\$12,914	\$635	\$3,395,880	\$6,516	\$320
411	11	21	187,122	9,599	455	137,613	7,065	335
2,233	61	27	1,044,096	12,717	468	697,337	8,500	312
6,056	167	18	4,461,826	13,460	737	1,985,441	5,991	328
947	26	18	644,128	12,326	680	306,009	5,861	323
145	4	18	75,297	9,148	521	49,714	6,041	344
812	22	29	320,478	11,523	394	219,767	7,906	271

**Table 6.6**  
**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 2006**

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>	---	2,543,133	100.0
Leading Diagnoses <sup>5</sup>	---	2,033,254	80.0
Infectious and Parasitic Diseases (MDC 1)	001-139	39,406	1.5
Septicemia	038	18,370	0.7
Other	---	21,036	0.8
Neoplasms (MDC 2)	140-239	67,098	2.6
Malignant Neoplasm of Colon	153	5,414	0.2
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	3,412	0.1
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	10,847	0.4
Malignant Neoplasm of Female Breast	174	3,279	0.1
Malignant Neoplasm of Prostate	185	3,435	0.1
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	3,963	0.2
Other	---	36,748	1.4
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	89,627	3.5
Diabetes	250	46,712	1.8
Nutritional Deficiencies	260-263	2,447	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	23,407	0.9
Other	---	17,061	0.7
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	22,267	0.9
Other and Unspecified Anemias	285	14,186	0.6
Other	---	8,081	0.3
Mental Disorders (MDC 5)	290-319	72,975	2.9
Senile and Prosenile Organic Psychotic Conditions	290	17,338	0.7
Other Organic Psychotic Conditions (Chronic)	294	21,599	0.8
Other Non-Organic Psychoses	298	5,678	0.2
Other	---	28,360	1.1
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	62,296	2.4
Other Cerebral Degenerations	331	22,146	0.9
Parkinson's Disease	332	12,700	0.5
Hemiplegia	342	2,336	0.1
Other	---	25,114	1.0
See footnotes at end of table.			

**Table 6.6—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 2006**

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
67,143	1,892	26	\$31,493,529	\$12,384	\$469	\$20,498,788	\$8,067	\$305
53,415	1,505	26	25,442,378	12,513	476	16,423,757	8,084	307
954	27	24	498,976	12,662	523	315,438	8,010	331
416	12	23	238,413	12,978	573	129,613	7,060	311
538	15	26	260,563	12,387	485	185,824	8,840	346
1,504	42	22	690,019	10,284	459	450,579	6,721	300
119	3	22	55,737	10,295	468	37,165	6,868	312
81	2	24	36,112	10,584	448	24,501	7,189	304
217	6	20	102,410	9,441	473	64,522	5,954	298
83	2	26	35,817	10,923	429	24,429	7,466	293
86	2	25	36,274	10,560	420	25,806	7,524	299
75	2	19	44,868	11,322	598	23,081	5,830	308
842	24	23	378,801	10,308	450	251,075	6,837	298
2,538	72	28	1,049,115	11,705	413	718,369	8,023	283
1,385	39	30	565,723	12,111	408	379,794	8,139	274
70	2	29	30,262	12,367	430	18,978	7,765	270
603	17	26	255,811	10,929	424	180,838	7,732	300
479	13	28	197,319	11,565	412	138,759	8,141	290
592	17	27	249,400	11,200	421	171,451	7,706	290
385	11	27	160,414	11,308	417	111,814	7,890	291
207	6	26	88,987	11,012	429	59,637	7,384	288
2,285	64	31	815,142	11,170	357	577,864	7,928	253
569	16	33	199,837	11,526	351	145,601	8,404	256
689	19	32	238,560	11,045	346	174,769	8,102	254
180	5	32	63,292	11,147	351	45,938	8,100	255
847	24	30	313,454	11,053	370	211,556	7,469	250
2,009	57	32	790,297	12,686	393	559,262	8,988	278
712	20	32	243,294	10,986	342	181,412	8,202	255
435	12	34	173,461	13,658	399	126,242	9,948	290
85	2	36	36,784	15,747	432	25,622	10,982	301
778	22	31	336,758	13,409	433	225,986	9,010	291

**Table 6.6—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 2006**

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 Circulatory System (MDC 7)	390-459	438,340	17.2
Essential Hypertension	401	41,656	1.6
Acute Myocardial Infarction	410	19,175	0.8
Ischemic Heart Disease	414	26,942	1.1
Cardiac Dysrhythmia	427	36,597	1.4
Heart Failure	428	112,493	4.4
Ill-Defined Descriptions and Complication of Heart Disease	429	3,948	0.2
Intracranial Hemorrhage	431	3,180	0.1
Occlusion of Cerebral Arteries	434	17,394	0.7
Transient Cerebral Ischemia	435	10,203	0.4
Acute, But Ill-Defined, Cerebrovascular Disease	436	44,207	1.7
Other and Ill-Defined Cerebrovascular Disease	437	3,433	0.1
Late Effects of Cerebrovascular Disease	438	43,356	1.7
Atherosclerosis	440	2,531	0.1
Other Peripheral Vascular Disease	443	9,430	0.4
Venous Embolism and Thrombosis	453	11,532	0.5
Other	---	52,263	2.1
Diseases of the Respiratory System (MDC 8)	460-519	260,483	10.2
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	8,520	0.3
Pneumonia, Organism Unspecified	486	110,801	4.4
Chronic Bronchitis	491	16,464	0.6
Chronic Airway Obstruction	496	51,120	2.0
Pneumonitis Due to Solids and Liquids	507	16,023	0.6
Other Diseases of Lung	518	22,642	0.9
Other	---	34,913	1.4
Diseases of the Digestive System (MDC 9)	520-579	97,162	3.8
Intestinal Obstruction Without Mention of Hernia	560	11,461	0.5
Diverticula of Intestine	562	7,586	0.3
Gastrointestinal Hemorrhage	578	25,407	1.0
Other	---	52,708	2.1
See footnotes at end of table.			

**Table 6.6—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 2006**

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
12,354	348	28	\$5,312,157	\$12,119	\$430	\$3,713,814	\$8,480	\$301
1,266	36	30	498,819	11,975	394	366,606	8,813	290
457	13	24	201,036	10,484	439	139,828	7,296	306
663	19	25	289,973	10,763	437	202,675	7,529	306
971	27	27	410,536	11,218	423	292,779	8,006	301
2,807	79	25	1,209,803	10,754	431	823,490	7,326	293
113	3	29	45,388	11,497	401	32,106	8,141	283
101	3	32	46,989	14,776	465	32,715	10,304	324
544	15	31	255,163	14,670	469	177,332	10,200	326
299	8	29	124,470	12,199	417	91,143	8,942	305
1,498	42	34	629,657	14,243	420	454,874	10,302	304
114	3	33	46,733	13,613	408	34,955	10,185	305
1,506	42	35	662,142	15,272	440	468,427	10,814	311
63	2	25	32,266	12,748	515	18,689	7,401	298
274	8	29	113,647	12,052	415	77,653	8,236	283
326	9	28	136,514	11,838	419	91,823	7,971	282
1,352	38	26	609,020	11,653	451	408,721	7,826	302
6,419	181	25	3,033,534	11,646	473	1,913,756	7,353	298
183	5	22	110,949	13,022	605	56,482	6,631	308
2,706	76	24	1,205,798	10,883	446	821,178	7,417	304
337	10	21	183,649	11,155	544	103,086	6,265	305
1,338	38	26	549,523	10,750	411	377,467	7,391	282
397	11	25	192,838	12,035	485	118,500	7,400	298
599	17	26	408,253	18,031	682	182,882	8,086	305
859	24	25	382,524	10,956	445	254,161	7,285	296
2,433	69	25	1,052,544	10,833	433	727,460	7,491	299
280	8	24	122,288	10,670	437	85,002	7,422	304
180	5	24	82,429	10,866	457	55,281	7,293	307
672	19	27	266,572	10,492	397	196,133	7,723	292
1,301	37	25	581,255	11,028	447	391,044	7,423	301

**Table 6.6—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 2006**

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	136,346	5.4
Chronic Renal Failure	585	17,992	0.7
Renal Failure, Unspecified	586	11,809	0.5
Other Disorders of Urethra and Urinary Tract	599	76,478	3.0
Other	---	30,067	1.2
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	59,454	2.3
Other Cellulitis and Abscess	682	35,595	1.4
Chronic Ulcer of Skin	707	20,664	0.8
Other	---	3,195	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	182,560	7.2
Osteoarthritis and Allied Disorders	715	48,911	1.9
Other and Unspecified Disorders of Joint	719	28,081	1.1
Spinal Stenosis	724	21,010	0.8
Disorders of Muscle, Ligament, and Fascia	728	36,197	1.4
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	8,359	0.3
Other Disorders of Bone and Cartilage	733	13,166	0.5
Other	---	26,836	1.1
Congenital Anomalies (MDC 14)	740-759	4,295	0.2
Other III Defined Conditions (MDC 16)	780-799	214,073	8.4
General Symptoms	780	85,203	3.4
Symptoms Involving Nervous and Musculoskeletal Systems	781	32,103	1.3
Symptom Disorders of Cardiovascular System	785	4,500	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	16,124	0.6
Symptoms Involving Digestive System	787	15,806	0.6
Other	---	60,337	2.4
Injury and Poisoning (MDC 17)	800-999	225,017	8.8
Fracture, Vertebra	805	13,204	0.5
Fracture, Pelvis	808	14,393	0.6
Fracture, Humerus	812	11,440	0.4
Fracture, Neck of Femur	820	78,770	3.1
Fracture, Shaft of Femur	821	12,044	0.5
Fracture, Tibia, Fibula	823	6,381	0.3
Fracture of Ankle	824	8,025	0.3
Amputation	897	5,486	0.2
Other	---	75,274	3.0

See footnotes at end of table.

**Table 6.6—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 2006**

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
3,678	104	27	\$1,505,745	\$11,044	\$409	\$1,073,509	\$7,879	\$292
467	13	26	182,908	10,166	391	129,004	7,180	276
305	9	26	120,824	10,232	397	85,996	7,291	282
2,129	60	28	868,753	11,360	408	630,950	8,255	296
777	22	26	333,260	11,084	429	227,559	7,573	293
1,758	50	30	797,867	13,420	454	502,971	8,466	286
958	27	27	453,344	12,736	473	291,391	8,191	304
711	20	34	305,262	14,773	429	186,071	9,013	262
88	2	28	39,261	12,288	444	25,510	7,987	288
4,816	136	26	2,178,701	11,934	452	1,511,876	8,292	314
994	28	20	492,208	10,063	495	348,730	7,137	351
828	23	30	353,854	12,601	428	254,201	9,062	307
534	15	25	238,676	11,360	447	170,951	8,148	320
1,096	31	30	456,286	12,606	416	321,341	8,892	293
255	7	31	138,267	16,541	541	75,564	9,054	296
387	11	29	168,696	12,813	436	116,958	8,896	302
722	20	27	330,713	12,323	458	224,129	8,360	311
116	3	27	47,817	11,133	413	34,475	8,040	298
5,974	168	28	2,546,206	11,894	426	1,782,517	8,333	298
2,378	67	28	1,000,000	11,737	420	721,248	8,473	303
916	26	29	411,162	12,808	449	280,928	8,755	307
118	3	26	50,244	11,165	426	34,699	7,719	294
398	11	25	168,155	10,429	423	118,127	7,332	297
498	14	32	191,541	12,118	384	138,049	8,738	277
1,666	47	28	725,105	12,018	435	489,467	8,118	294
7,414	209	33	3,270,267	14,533	441	2,275,292	10,120	307
381	11	29	165,170	12,509	434	117,911	8,936	310
464	13	32	202,504	14,070	436	145,898	10,149	314
419	12	37	179,545	15,694	429	128,158	11,220	306
2,797	79	36	1,205,734	15,307	431	868,839	11,038	311
463	13	38	195,558	16,237	422	139,073	11,555	300
239	7	38	102,630	16,084	429	71,219	11,172	298
291	8	36	127,023	15,828	436	87,869	10,962	302
180	5	33	68,863	12,553	382	47,495	8,664	264
2,180	61	29	1,023,240	13,594	469	668,829	8,893	307

**Table 6.6—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 2006**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code	Covered Admissions <sup>1</sup>	
	Category	Number	Percent Distribution
Supplementary Classification of Factors Influencing			
Health Status and Contact with Health Services	V01-V82	568,992	22.4
Organ of Tissue Replaced by Other Means	V43	21,345	0.8
Orthopedic Aftercare	V54	93,854	3.7
Breathing Exercises	V57	361,946	14.2
Encounter for Other and Unspecified Procedures and Aftercare	V58	54,338	2.1
Convalescence	V66	6,660	0.3
Other	---	30,849	1.2

<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.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Table 6.6—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 2006**

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
12,217	344	22	\$7,622,636	\$13,397	\$624	\$4,146,417	\$7,290	\$339
455	13	21	215,085	10,077	473	162,685	7,625	358
2,578	73	28	1,254,356	13,365	486	853,152	9,095	331
7,118	201	20	5,023,347	13,879	706	2,469,575	6,825	347
1,056	30	19	691,574	12,727	655	362,273	6,670	343
114	3	17	68,304	10,256	601	44,172	6,648	388
897	25	29	369,969	11,993	413	254,561	8,260	284

Table 6.7

**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 2005**

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	15,006	2,409,331	100.0	64,770	100.0	26.9	\$18,269,718	100.0	\$7,587	\$282
1-49 Beds	2,941	431,377	17.9	8,038	12.4	18.6	2,314,429	12.7	5,367	288
50-99 Beds	5,323	572,671	23.8	16,134	24.9	28.2	4,460,881	24.4	7,793	276
100-149 Beds	4,412	782,414	32.5	22,814	35.2	29.2	6,352,451	34.8	8,124	278
150-199 Beds	1,489	361,842	15.0	10,376	16.0	28.7	2,946,547	16.1	8,149	284
200 Beds or More	841	261,027	10.8	7,408	11.4	28.4	2,195,410	12.0	8,418	296
<b>Hospital Based</b>										
Total	1,258	315,929	100.0	4,493	100.0	14.2	1,318,706	100.0	4,175	294
1-49 Beds	829	230,203	72.9	2,795	62.2	12.1	840,178	63.7	3,650	301
50-99 Beds	266	49,044	15.5	877	19.5	17.9	248,566	18.8	5,068	283
100-149 Beds	103	18,583	5.9	385	8.6	20.7	101,965	7.7	5,487	265
150-199 Beds	24	5,610	1.8	122	2.7	21.8	33,678	2.6	6,003	275
200 Beds or More	36	12,489	4.0	314	7.0	25.1	94,320	7.2	7,553	301
<b>Non-Hospital Based</b>										
Total	13,748	2,093,402	100.0	60,277	100.0	28.8	16,951,012	100.0	8,103	281
1-49 Beds	2,112	201,174	9.6	5,243	8.7	26.1	1,474,252	8.7	7,333	281
50-99 Beds	5,057	523,627	25.0	15,257	25.3	29.1	4,212,314	24.8	8,049	276
100-149 Beds	4,309	763,831	36.5	22,429	37.2	29.4	6,250,487	36.9	8,188	279
150-199 Beds	1,465	356,232	17.0	10,253	17.0	28.8	2,912,869	17.2	8,183	284
200 Beds or More	805	248,538	11.9	7,095	11.8	28.5	2,101,091	12.4	8,461	296
<b>Swing-Bed Hospitals<sup>3</sup></b>										
Total	616	140,077	100.0	1,232	100.0	8.8	807,255	100.0	5,763	655
1-49 Beds	358	116,205	83.0	1,052	85.4	9.1	758,990	94.0	6,532	721
50-99 Beds	258	23,872	17.0	180	14.6	7.5	48,265	6.0	2,022	268

<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 totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Table 6.7**

**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 2006**

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	15,028	2,407,700	100.0	65,898	100.0	27.4	\$19,587,211	100.0	\$8,142	\$297
1-49 Beds	2,745	379,911	15.8	7,180	10.9	18.9	2,167,073	11.1	5,706	302
50-99 Beds	5,319	565,713	23.5	16,223	24.6	28.7	4,727,916	24.1	8,363	291
100-149 Beds	4,581	820,470	34.1	24,100	36.6	29.4	7,110,492	36.3	8,673	295
150-199 Beds	1,523	373,403	15.5	10,745	16.3	28.8	3,230,645	16.5	8,663	301
200 Beds or More	860	268,203	11.1	7,651	11.6	28.5	2,351,085	12.0	8,776	307
<b>Hospital Based</b>										
Total	1,214	281,001	100.0	4,101	100.0	14.6	1,258,576	100.0	4,480	307
1-49 Beds	787	200,115	71.2	2,446	59.6	12.2	781,073	62.1	3,903	319
50-99 Beds	259	42,779	15.2	799	19.5	18.7	229,706	18.3	5,372	288
100-149 Beds	101	17,680	6.3	366	8.9	20.7	99,078	7.9	5,604	271
150-199 Beds	32	8,511	3.0	187	4.6	22.0	54,745	4.3	6,433	292
200 Beds or More	35	11,916	4.2	302	7.4	25.4	93,974	7.5	7,892	311
<b>Non-Hospital Based</b>										
Total	13,814	2,126,699	100.0	61,797	100.0	29.1	18,328,635	100.0	8,626	297
1-49 Beds	1,958	179,796	8.5	4,733	7.7	26.3	1,386,000	7.6	7,714	293
50-99 Beds	5,060	522,934	24.6	15,424	25.0	29.5	4,498,211	24.5	8,608	292
100-149 Beds	4,480	802,790	37.7	23,734	38.4	29.6	7,011,414	38.3	8,741	295
150-199 Beds	1,491	364,892	17.2	10,558	17.1	28.9	3,175,900	17.3	8,715	301
200 Beds or More	825	256,287	12.1	7,348	11.9	28.7	2,257,111	12.3	8,817	307
<b>Swing-Bed Hospitals<sup>3</sup></b>										
Total	573	135,433	100.0	1,244	100.0	9.2	911,576	100.0	6,731	733
1-49 Beds	323	113,382	83.7	1,075	86.4	9.5	864,902	94.9	7,629	805
50-99 Beds	250	22,051	16.3	169	13.6	7.7	46,675	5.1	2,117	275

<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 totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

Table 6.8

Number and Distribution of Covered Admissions for Medicare Beneficiaries Admitted to Skilled Nursing Facilities (SNF), by the Leading Principal Diagnoses: Calendar Years 1998, 2000, and 2005

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD-9-CM Code	1998 Covered Admissions <sup>2</sup>			2000 Covered Admissions <sup>2</sup>			2005 Covered Admissions <sup>2</sup>		
		Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>	Number	Average Covered Day 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	---	1,984,713	22.9	\$5,708	1,936,127	23.2	\$5,511	2,549,408	25.9	\$7,487
Pneumonia	486	89,866	21.2	5,278	90,147	21.1	4,960	121,013	23.7	6,771
Heart Failure	428	96,921	21.7	5,215	93,765	21.9	5,002	119,721	24.6	6,784
Fracture of Neck of Femur	820	133,347	28.9	7,021	120,261	30.3	7,389	85,879	35.0	10,381
General Symptoms	780	43,210	24.0	5,861	53,320	23.8	5,688	84,316	27.5	7,932
Other Disorders of Urethra and Urinary Tract	599	40,642	24.7	6,009	42,606	24.0	5,631	73,393	27.3	7,601
Chronic Airway Obstruction, Not Elsewhere Classified	496	42,300	24.4	5,619	40,241	24.6	5,379	53,624	25.8	6,891
Acute But Ill-Defined, Cerebrovascular Disease	436	103,913	31.4	7,238	90,653	31.6	7,484	51,955	33.6	9,931
Osteoarthritis and Allied Disorders	715	54,851	14.5	4,360	48,245	16.1	4,327	51,462	19.8	6,484
Diabetes Mellitus	250	48,266	29.6	6,529	39,334	27.3	5,984	47,183	29.9	7,853
Late Effects of Cerebrovascular Disease	438	17,242	31.2	7,068	27,236	29.7	7,176	45,076	34.0	10,295

<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 or special interest principal diagnoses for beneficiaries admitted to SNFs during 2005; 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 Data Extract System; data development by the Office of Research, Development, and Information.

**Table 6.8**

**Number and Distribution of Covered Admissions for Medicare Beneficiaries Admitted to Skilled Nursing Facilities (SNF), by the Leading Principal Diagnoses: Calendar Years 1998, 2000, and 2006**

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD- 9-CM Code	1998 Covered Admissions <sup>2</sup>			2000 Covered Admissions <sup>2</sup>			2006 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	---	1,984,713	22.9	\$5,708	1,936,127	23.2	\$5,511	2,543,133	26.4	\$8,067
Heart Failure	428	96,921	21.7	5,215	93,765	21.9	5,002	112,493	25.0	7,326
Pneumonia	486	89,866	21.2	5,278	90,147	21.1	4,960	110,801	24.4	7,417
General Symptoms	780	43,210	24.0	5,861	53,320	23.8	5,688	85,203	27.9	8,473
Fracture of Neck of Femur	820	133,347	28.9	7,021	120,261	30.3	7,389	78,770	35.5	11,030
Other Disorders of Urethra and Urinary Tract	599	40,642	24.7	6,009	42,606	24.0	5,631	76,478	27.8	8,255
Chronic Airway Obstruction, Not Elsewhere Classified	496	42,300	24.4	5,619	40,241	24.6	5,379	51,120	26.2	7,391
Osteoarthritis and Allied Disorders	715	54,851	14.5	4,360	48,245	16.1	4,327	48,911	20.3	7,137
Diabetes Mellitus	250	48,266	29.6	6,529	39,334	27.3	5,984	46,712	29.7	8,139
Acute But Ill-Defined, Cerebrovascular Disease	436	103,913	31.4	7,238	90,653	31.6	7,484	44,207	33.9	10,290
Late Effects of Cerebrovascular Disease	438	17,242	31.2	7,068	27,236	29.7	7,176	43,356	34.7	10,810

<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 or special interest principal diagnoses for beneficiaries admitted to SNFs during 2006; 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 Data Extract System; data development by the Office of Research, Development, and Information.

Table 6.9

## Distribution of Medicare Covered Skilled Nursing Facility (SNF) Stays, by State of Provider, and Major RUG-III Groups: Calendar Year 2005

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		Medium	Low	Extensive Care	Special Care	Clinically Complex	Cognitively Impaired	Not Otherwise Classified <sup>2</sup>	Nursing/	
				High	High	High								Nursing/	Therapy
United States <sup>4</sup>	2,547,812	100.0	72.0	8.9	7.5	14.3	32.1	9.2	12.2	1.2	4.0	1.0	9.5	1.30	2.30
Alabama	39,726	100.0	74.0	9.5	8.2	14.0	31.4	11.0	9.2	1.7	5.0	1.4	8.7	1.29	2.32
Arizona	26,141	100.0	74.7	5.8	7.3	17.1	37.6	6.9	11.3	1.2	3.5	0.7	8.7	1.30	2.28
Arkansas	30,512	100.0	56.4	5.3	3.9	8.1	29.6	9.5	26.8	1.3	5.2	1.0	9.3	1.34	2.05
California	172,636	100.0	74.1	14.7	8.5	14.5	25.7	10.6	13.2	1.8	4.0	0.6	6.4	1.32	2.47
Colorado	25,381	100.0	80.2	10.1	10.1	19.1	30.6	10.3	11.5	0.6	1.8	0.5	5.4	1.33	2.48
Connecticut	49,326	100.0	75.0	8.1	9.0	16.7	30.1	11.1	7.2	0.7	4.7	1.1	11.4	1.27	2.30
Delaware	7,532	100.0	73.5	6.3	6.9	14.9	39.0	6.5	9.8	1.1	4.4	1.4	9.7	1.28	2.25
Florida	185,358	100.0	79.7	15.9	10.8	17.3	27.9	7.8	8.4	1.0	2.8	0.8	7.3	1.30	2.58
Georgia	50,619	100.0	65.8	7.1	6.5	13.3	30.3	8.6	12.7	2.3	6.2	1.9	11.1	1.28	2.17
Idaho	10,741	100.0	71.0	6.7	7.2	14.7	31.6	10.9	16.7	0.7	3.0	0.9	7.7	1.33	2.26
Illinois	144,966	100.0	72.8	11.7	7.7	14.0	30.4	9.0	12.5	1.1	3.8	0.8	9.0	1.30	2.37
Indiana	71,758	100.0	76.2	7.3	7.3	14.2	37.6	9.8	11.8	0.6	2.6	1.1	7.6	1.31	2.31
Iowa	42,126	100.0	59.4	5.2	6.3	12.3	28.5	7.1	25.7	0.8	3.9	0.6	9.6	1.34	2.12
Kansas	33,033	100.0	58.5	3.9	4.6	10.3	31.4	8.3	28.0	0.8	3.4	0.8	8.5	1.35	2.07
Kentucky	46,544	100.0	67.7	6.9	6.6	12.7	31.9	9.6	15.6	1.1	4.3	1.7	9.6	1.30	2.20
Louisiana	38,162	100.0	59.1	13.1	5.3	9.9	24.0	6.8	25.3	2.4	3.8	1.2	8.2	1.34	2.27
Maine	16,540	100.0	77.2	20.4	8.8	14.9	25.0	8.3	11.9	0.5	2.7	0.7	6.9	1.31	2.63
Maryland	56,742	100.0	71.9	6.3	7.2	16.0	35.0	7.3	10.2	1.4	4.2	0.9	11.4	1.28	2.24
Massachusetts	80,116	100.0	76.0	14.3	9.7	14.7	26.4	10.7	8.8	0.9	4.1	1.1	9.1	1.29	2.46
Michigan	83,480	100.0	77.7	10.5	10.7	17.5	31.6	7.4	7.5	0.9	3.0	1.1	9.8	1.28	2.43
Minnesota	54,501	100.0	70.4	7.1	7.5	15.2	32.3	8.2	12.4	0.9	3.6	0.9	11.9	1.29	2.24
Mississippi	27,684	100.0	65.7	11.2	6.5	12.0	27.7	8.3	16.3	2.2	4.7	1.2	9.8	1.30	2.28
Missouri	63,435	100.0	69.7	6.0	6.7	13.4	34.6	9.0	16.4	1.2	3.9	1.1	7.8	1.32	2.22
Montana	10,349	100.0	58.5	3.9	4.2	8.7	31.2	10.5	22.4	1.4	4.6	1.1	12.0	1.31	2.01
Nebraska	22,331	100.0	61.5	3.5	4.8	11.1	33.4	8.7	21.6	0.9	4.4	0.8	10.7	1.32	2.06

See footnotes at end of table.

Table 6.9-Continued

## Distribution of Medicare Covered Skilled Nursing Facility (SNF) Stays, by State of Provider, and Major RUG-III Groups: Calendar Year 2005

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		Medium	Low	Extensive Care	Special Care	Clinically Complex	Cognitively Impaired	Not Otherwise Classified <sup>2</sup>	Nursing/	
				High	High	High								Nursing/	Therapy
Nevada	7,079	100.0	75.5	6.3	10.3	18.5	33.1	7.3	9.2	1.6	4.1	0.9	8.7	1.29	2.33
New Hampshire	13,171	100.0	69.0	6.1	7.2	13.8	30.4	11.5	17.9	0.9	3.5	1.5	7.2	1.33	2.22
New Jersey	107,289	100.0	73.7	7.9	7.5	15.1	34.9	8.3	8.1	1.0	4.8	1.1	11.3	1.27	2.27
New Mexico	7,967	100.0	74.6	8.7	9.0	18.0	30.1	8.7	12.1	1.5	3.4	0.3	8.1	1.31	2.37
New York	150,831	100.0	64.5	2.5	3.4	8.5	38.1	11.9	7.4	1.8	6.5	1.7	18.2	1.23	1.94
North Carolina	70,293	100.0	71.1	6.2	6.1	12.8	35.7	10.2	11.8	1.2	4.1	1.0	10.7	1.29	2.20
North Dakota	9,713	100.0	48.8	2.0	2.9	7.9	26.8	9.1	23.7	1.4	7.3	1.5	17.4	1.28	1.83
Ohio	150,132	100.0	77.6	9.4	8.5	16.7	34.0	9.1	9.7	0.7	3.2	0.6	8.1	1.30	2.39
Oklahoma	28,874	100.0	64.3	6.0	5.8	12.3	33.0	7.2	23.2	1.2	3.2	0.9	7.1	1.34	2.19
Oregon	18,260	100.0	75.0	5.7	7.0	16.0	39.0	7.3	14.7	0.8	2.5	0.3	6.6	1.33	2.30
Pennsylvania	135,102	100.0	75.2	9.4	6.8	14.3	35.2	9.5	9.5	1.1	3.6	1.0	9.7	1.29	2.32
Rhode Island	10,601	100.0	72.8	8.0	7.0	13.8	33.8	10.1	8.9	0.8	5.2	1.1	11.1	1.28	2.25
South Carolina	30,150	100.0	73.4	11.8	7.6	14.2	30.5	9.3	9.0	1.8	4.5	1.2	10.0	1.28	2.36
South Dakota	11,218	100.0	53.0	2.2	2.9	8.4	31.3	8.2	25.8	1.4	6.3	1.0	12.5	1.32	1.92
Tennessee	60,416	100.0	70.5	5.5	6.3	13.9	34.8	10.0	12.5	2.1	4.9	1.5	8.4	1.30	2.20
Texas	149,340	100.0	69.3	7.5	7.0	14.1	31.6	8.9	14.5	1.3	3.9	1.2	9.8	1.30	2.24
Utah	14,052	100.0	80.7	14.3	12.2	18.0	25.2	11.0	12.5	0.5	1.3	0.3	4.6	1.34	2.59
Vermont	5,854	100.0	62.4	3.2	2.8	8.2	34.9	13.3	14.2	1.2	6.9	1.0	14.3	1.27	1.97
Virginia	58,603	100.0	75.9	6.1	8.7	18.5	34.7	7.8	11.7	1.1	3.1	0.7	7.5	1.31	2.32
Washington	39,147	100.0	74.3	6.0	7.2	15.2	36.6	9.4	10.3	1.4	4.4	0.6	9.0	1.30	2.26
West Virginia	19,042	100.0	67.0	5.5	6.4	13.8	32.2	9.1	15.6	1.5	4.6	1.4	10.0	1.30	2.17
Wisconsin	56,397	100.0	76.9	7.7	8.7	17.4	34.8	8.3	8.6	1.2	3.7	0.8	8.8	1.29	2.34
Wyoming	4,542	100.0	64.6	3.2	4.0	10.3	35.9	11.2	22.6	1.1	3.4	1.4	6.9	1.34	2.09

<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. 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.

NOTES: RUG-III is Resource Utilization Groups, Version III. For a complete description of the RUG-III classification system and the MEDPAR analog used to classify Medicare SNF patients across the Nation and develop the SNF prospective payment system case-mix indexes, refer to Federal Register (FR): Medicare Program: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Final Rule. 63 FR (91) 26262, (May12, 1998).

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Table 6.9**  
**Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,**  
**and Major RUG-III Groups: Calendar Year 2006**

State of Provider	Total Days	RUG-III Rehabilitation Groups					
		Total	Ultra High	Very High	High	Medium	Low
United States <sup>2</sup>	66,674,356	56,408,085	12,469,203	17,665,792	10,200,764	15,918,386	153,940
Alabama	1,125,526	909,819	292,600	275,538	121,142	218,316	2,223
Alaska	20,116	12,213	174	778	2,713	8,365	183
Arizona	531,892	461,315	70,988	167,261	86,427	136,094	545
Arkansas	689,574	549,633	95,990	171,790	123,038	157,404	1,411
California	4,572,522	3,725,124	1,158,282	1,250,252	530,554	775,173	10,863
Colorado	630,760	566,017	147,917	207,629	92,055	116,375	2,041
Connecticut	1,507,428	1,149,864	208,251	386,938	201,380	351,262	2,033
Delaware	193,424	163,833	18,961	57,540	35,783	51,420	129
District of Columbia	88,216	73,354	12,703	21,112	14,593	24,893	53
Florida	5,099,602	4,572,035	1,953,172	1,376,909	425,117	810,982	5,855
Georgia	1,421,887	1,119,053	202,236	340,080	218,518	352,096	6,123
Hawaii	82,320	63,159	15,397	19,757	11,831	16,062	112
Idaho	266,086	224,650	50,817	63,416	33,645	73,954	2,818
Illinois	3,649,782	3,184,873	581,972	1,101,553	610,629	874,225	16,494
Indiana	2,187,245	1,934,506	392,851	640,682	416,384	478,020	6,569
Iowa	566,166	473,673	32,038	82,250	132,634	225,082	1,669
Kansas	612,847	530,582	66,796	166,784	139,765	155,334	1,903
Kentucky	1,237,128	1,025,087	211,053	321,667	174,277	314,021	4,069
Louisiana	948,607	797,236	195,430	266,966	148,052	185,799	989
Maine	361,513	322,623	95,570	108,774	43,397	73,166	1,716
Maryland	1,358,873	1,139,140	218,679	438,797	160,561	320,006	1,097
Massachusetts	2,164,444	1,691,758	384,045	578,275	230,909	496,391	2,138
Michigan	2,449,571	2,146,140	546,865	778,718	340,059	476,926	3,572
Minnesota	982,242	851,040	95,854	259,598	191,379	303,356	853
Mississippi	766,388	652,637	197,124	173,671	132,650	146,603	2,589
Missouri	1,613,473	1,407,119	183,639	457,483	327,083	435,331	3,583
Montana	193,236	156,801	10,065	34,091	43,326	67,848	1,471
Nebraska	453,604	384,901	36,904	99,908	98,487	146,633	2,969
Nevada	226,222	195,578	63,963	57,614	27,455	46,277	269
New Hampshire	336,865	275,758	84,935	85,015	36,522	67,145	2,141

See footnotes at end of table.

**Table 6.9--continued**  
**Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,**  
**and Major RUG-III Groups: Calendar Year 2006**

Other Major RUG-III Groups									
Total	Extensive Care	Special Care	Clinically Complex	Cognitively Impaired	Behavior Problems Only	Reduced Physical Function	Not Otherwise Classified	Case-Mix Index <sup>1</sup>	
								Nursing	Therapy
10,266,271	3,476,653	2,673,720	2,809,117	249,289	33,410	752,732	271,342	1.27	1.33
215,707	59,959	54,673	66,963	8,538	358	22,177	3,039	1.25	1.46
7,903	3,432	2,212	1,889	85	0	218	67	1.27	0.86
70,577	21,169	19,457	14,306	698	43	3,031	11,873	1.27	1.26
139,941	59,636	30,664	28,046	6,359	632	13,834	770	1.22	1.27
847,398	294,683	234,308	187,696	16,543	4,602	60,985	48,581	1.27	1.47
64,743	14,651	15,436	24,823	1,585	233	5,011	3,004	1.24	1.42
357,564	66,290	68,423	152,685	14,133	1,480	46,025	8,528	1.25	1.28
29,591	11,189	7,952	8,321	291	27	1,365	446	1.29	1.20
14,862	4,681	5,287	3,654	245	61	691	243	1.24	1.24
527,567	170,822	155,821	153,764	8,675	1,177	28,451	8,857	1.28	1.61
302,834	112,101	88,161	67,033	10,069	858	18,029	6,583	1.27	1.26
19,161	6,842	6,095	5,285	131	21	473	314	1.24	1.36
41,436	9,225	8,335	13,340	1,191	76	5,963	3,306	1.26	1.31
464,909	197,726	117,943	96,767	14,175	6,169	29,009	3,120	1.27	1.29
252,739	81,131	56,280	71,801	10,112	381	29,028	4,006	1.24	1.32
92,493	40,815	25,836	16,163	1,999	214	6,206	1,260	1.34	1.03
82,265	29,821	19,037	20,300	2,992	468	8,160	1,487	1.23	1.20
212,041	92,153	46,783	52,113	4,207	408	13,895	2,482	1.30	1.30
151,371	65,686	44,710	24,610	4,888	847	9,252	1,378	1.21	1.38
38,890	11,560	11,345	13,264	380	(3)	1,921	412	1.27	1.45
219,733	79,989	64,332	60,183	2,372	353	10,294	2,210	1.31	1.32
472,686	112,289	96,848	181,588	17,179	1,779	44,508	18,495	1.29	1.35
303,431	92,600	81,848	102,708	7,827	332	15,135	2,981	1.23	1.41
131,202	38,108	33,988	41,429	3,132	272	10,883	3,390	1.28	1.17
113,751	37,772	29,287	28,987	4,584	380	11,985	756	1.19	1.42
206,354	73,522	49,450	49,789	8,657	2,369	18,042	4,525	1.25	1.21
36,435	12,843	9,608	9,830	717	54	2,944	439	1.27	1.05
68,703	21,121	17,452	18,929	2,295	279	6,671	1,956	1.26	1.12
30,644	10,472	9,181	8,735	515	11	1,334	396	1.25	1.47
61,107	11,822	12,702	28,915	1,660	113	4,510	1,385	1.24	1.44

**Table 6.9--Continued**  
**Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,**  
**and Major RUG-III Groups: Calendar Year 2006**

State of Provider	Total Days	RUG-III Rehabilitation Groups					
		Total	Ultra High	Very High	High	Medium	Low
New Jersey	2,532,498	2,205,254	642,378	599,921	288,461	671,035	3,459
New Mexico	213,380	180,490	33,875	52,286	34,342	59,488	499
New York	4,387,830	3,441,341	184,737	556,878	1,120,522	1,561,548	17,656
North Carolina	2,065,356	1,713,832	346,007	539,900	349,001	476,855	2,069
North Dakota	146,400	101,558	9,026	14,118	24,336	52,527	1,551
Ohio	3,921,949	3,492,040	720,565	1,124,461	566,967	1,074,734	5,313
Oklahoma	691,817	579,416	140,925	196,335	108,415	131,871	1,870
Oregon	381,508	347,497	48,749	123,311	58,762	116,288	387
Pennsylvania	3,258,379	2,807,203	415,059	879,912	561,862	941,864	8,506
Rhode Island	253,304	208,085	33,221	76,744	35,804	61,991	325
South Carolina	939,245	788,454	173,529	245,717	152,655	213,321	3,232
South Dakota	163,848	136,034	17,541	31,517	32,504	53,945	527
Tennessee	1,803,738	1,481,997	338,039	480,018	222,926	436,883	4,131
Texas	4,373,384	3,677,179	811,285	1,267,883	737,612	853,892	6,507
Utah	360,471	337,652	93,821	129,557	51,628	61,779	867
Vermont	139,485	110,529	14,446	33,096	19,878	42,213	896
Virginia	1,665,944	1,421,081	324,119	482,137	225,577	387,080	2,168
Washington	1,015,255	859,450	149,090	282,737	141,457	284,401	1,765
West Virginia	497,350	418,737	99,234	116,529	72,646	129,650	678
Wisconsin	1,420,789	1,255,404	236,045	420,097	225,240	371,743	2,279
Wyoming	104,867	85,331	12,241	21,792	19,804	30,719	775

<sup>1</sup>The purpose of the RUG-III case-mix indexes are to establish payment levels that account for varying levels of resource intensity within the Medicare SNF prospective payment system. In calculating case-mix indexes at the state level, the Centers for Medicare & Medicaid Services uses the RUG-III weights and the MEDPAR analog, and applies them to the distribution of residence in a given state. This table provides a representation of the resource intensity of the residence within each state.

<sup>2</sup>Excludes Puerto Rico, Guam, Virgin Islands, residence unknown, and outlying areas.

<sup>3</sup>For groups with fewer than 11 individuals in any category, the details are masked to prevent disclosure of personal identifiable information.

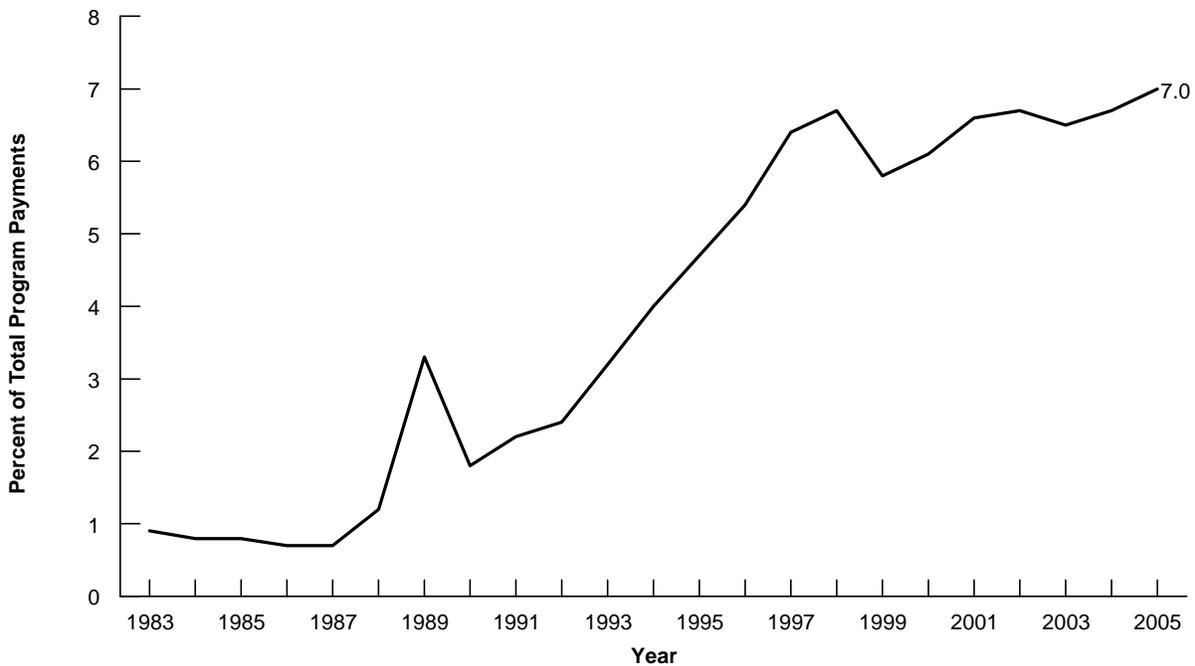
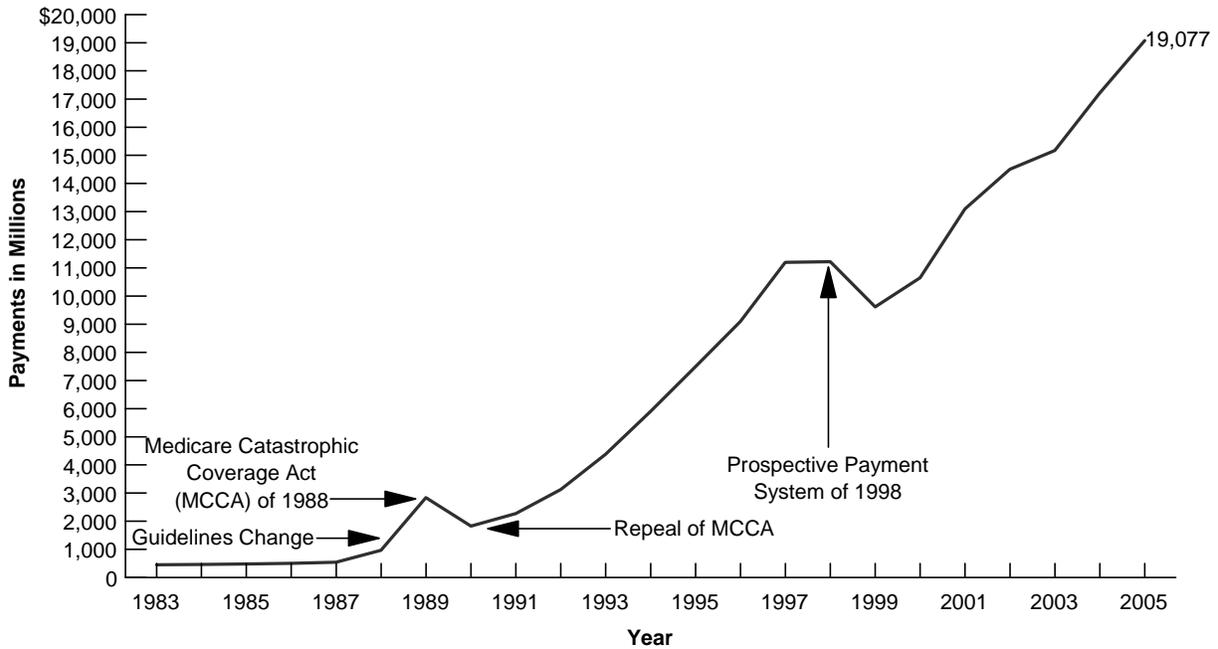
NOTES: RUG-III is Resource Utilization Groups, Version III. For a complete description of the RUG-III classification system and the RUG-53 SNF prospective payment system case-mix indexes, refer to *Federal Register (FR)*: Medicare Program: Prospective Payment System and Consolidated Billing for skilled Nursing Facilities; Final Rule. 70 FR 45033, (August 4, 2005).

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Table 6.9--Continued**  
**Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,**  
**and Major RUG-III Groups: Calendar Year 2006**

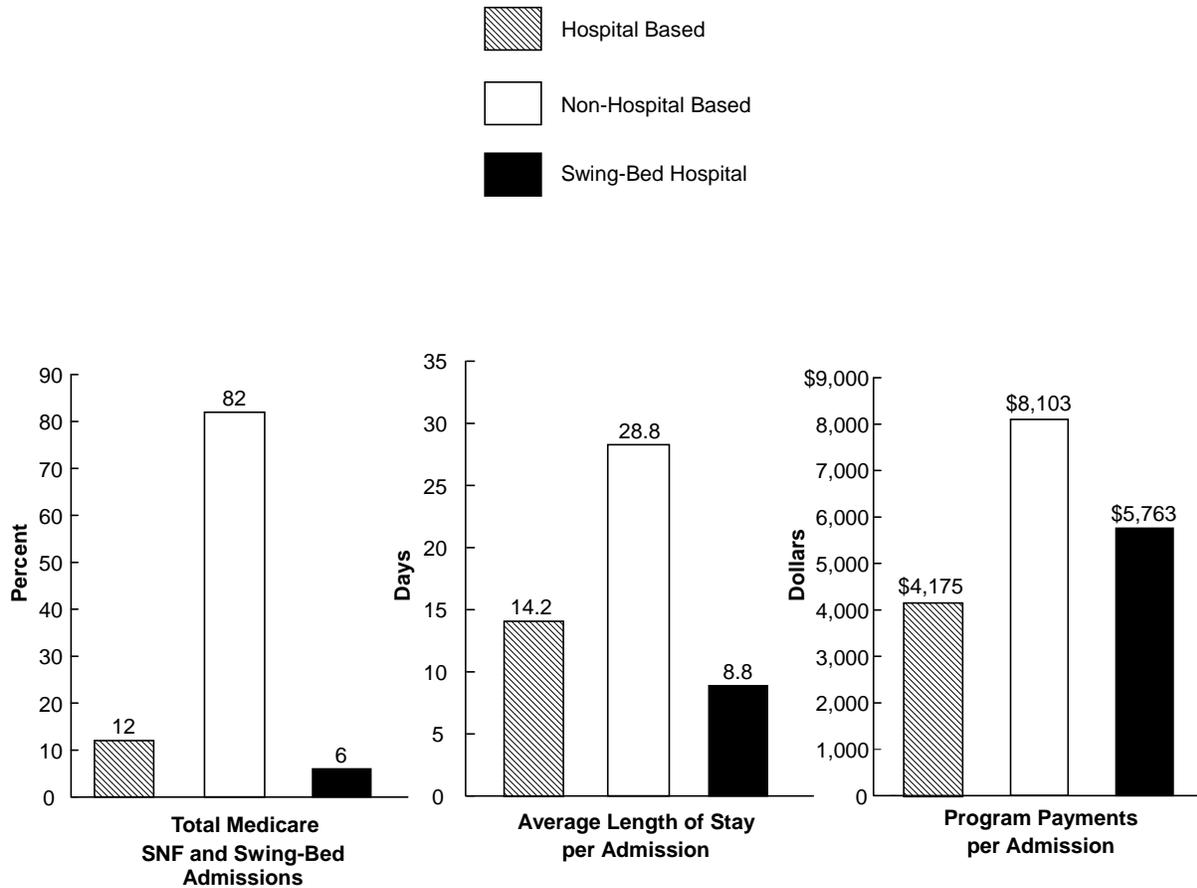
Total	Other Major RUG-III Groups							Case-Mix Index <sup>1</sup>	
	Extensive Care	Special Care	Clinically Complex	Cognitively Impaired	Behavior Problems Only	Reduced Physical Function	Not Otherwise Classified	Nursing	Therapy
327,244	137,576	98,623	71,992	3,129	309	13,672	1,943	1.33	1.40
32,890	10,578	8,245	9,689	835	183	2,945	415	1.27	1.26
946,489	318,599	260,824	262,335	11,217	1,184	39,694	52,636	1.26	1.01
351,524	112,170	93,955	103,977	6,264	474	24,733	9,951	1.23	1.30
44,842	17,639	12,917	10,462	523	28	3,147	126	1.30	1.03
429,909	166,382	116,036	109,506	8,863	1,166	19,348	8,608	1.33	1.31
112,401	39,517	27,939	29,482	3,637	820	9,895	1,111	1.18	1.38
34,011	10,716	10,309	7,965	517	134	2,277	2,093	1.31	1.23
451,176	161,571	128,908	109,903	7,071	356	34,459	8,908	1.32	1.22
45,219	13,209	10,064	14,819	1,184	59	2,590	3,294	1.27	1.27
150,791	54,920	41,161	43,412	2,059	98	7,980	1,161	1.23	1.33
27,814	11,996	7,649	5,314	404	41	1,954	456	1.28	1.15
321,741	114,249	69,850	81,832	12,359	793	34,699	7,959	1.29	1.34
696,205	227,626	173,505	199,422	19,724	2,389	66,297	7,242	1.21	1.35
22,819	5,408	5,094	7,447	657	117	1,774	2,322	1.23	1.45
28,956	8,099	6,771	9,869	690	66	2,984	477	1.30	1.18
244,863	87,958	70,587	64,034	3,374	397	14,609	3,904	1.27	1.35
155,805	45,458	40,083	43,667	4,091	405	16,884	5,217	1.30	1.26
78,613	31,748	18,125	19,575	1,975	63	6,429	698	1.29	1.33
165,385	51,885	45,698	43,573	3,473	288	14,209	6,259	1.29	1.29
19,536	5,239	3,923	6,926	1,009	43	2,123	273	1.24	1.18

Figure 6.1  
 Growth in Medicare Skilled Nursing Facility  
 Program Payments: Calendar Years 1983-2005



SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

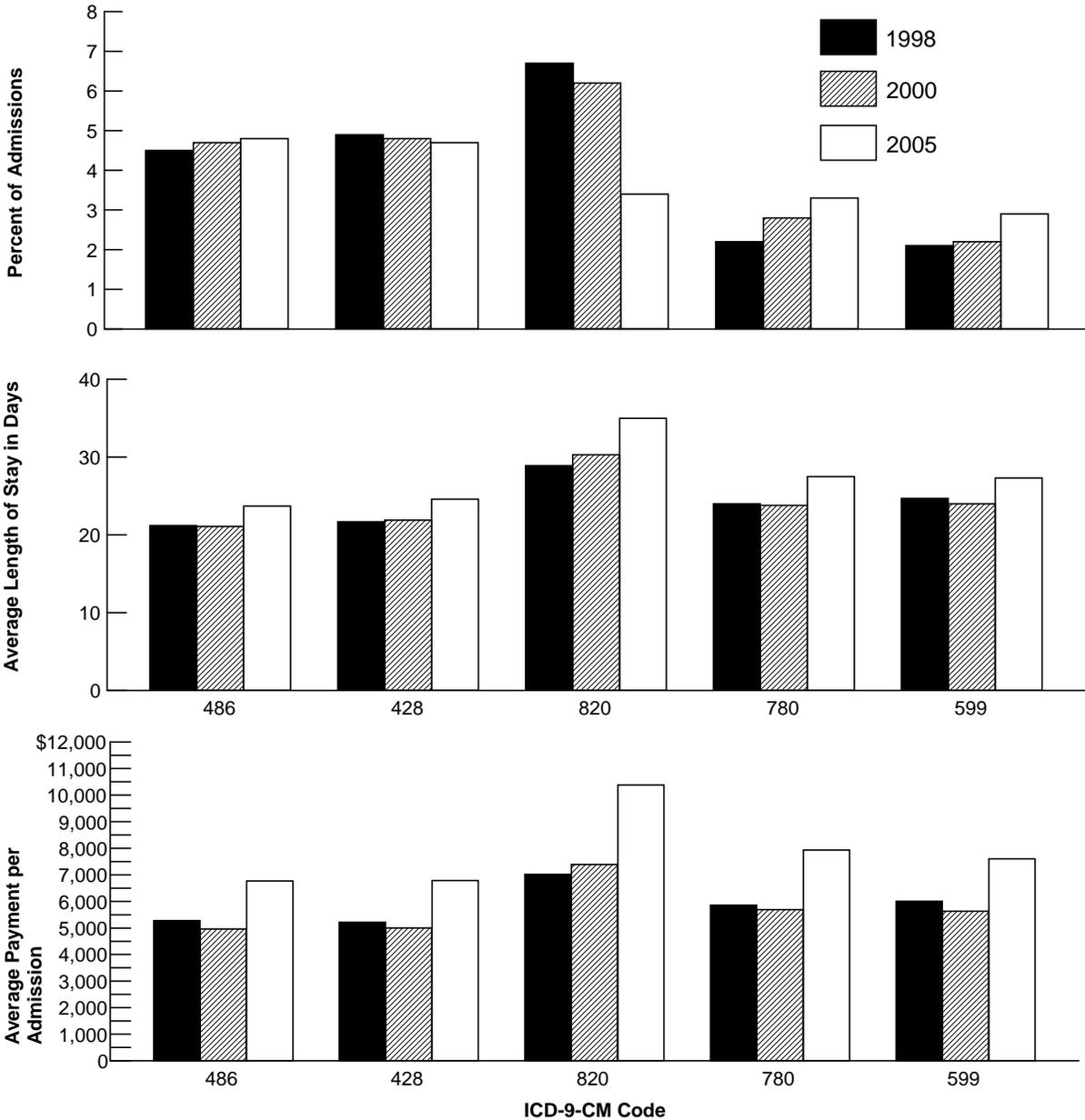
## Figure 6.2 Medicare Skilled Nursing Facility (SNF) Utilization, by Type of Facility: Calendar Year 2005



NOTE: Distribution may not add to 100 percent because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Figure 6.3**  
**Trends in the Top Five Medicare Skilled Nursing Facility Principal Diagnoses, Based on Number of Admissions: Calendar Years 1998, 2000, and 2005**



NOTES: ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). ICD-9-CM codes for principal diagnoses are: pneumonia, 486; heart failure, 428; fracture of neck of femur, 820; general symptoms, 780; and other disorders of urethra and urinary tract, 599.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

## Figure 6.4

### Description of Medicare Skilled Nursing Facility RUG-III Classification System

Clinical Hierarchy Category (First Level)		Activities of Daily Living Index (Second Level)	End Splits (Third Level)
Rehabilitation	Ultra High Intensity Very High Intensity High Intensity Medium Intensity Low Intensity	3 Levels 3 Levels 3 Levels 3 Levels 2 Levels	(Not Used) (14 Groups)
Extensive Services		(Not Used)	Count of Services (3 Groups)
Special Care		3 Levels	(Not Used) (3 Groups)
Clinically Complex		3 Levels	Signs of Depression (6 Groups)
Impaired Cognition		2 Levels	Nursing Rehabilitation (Activity Count) (4 Groups)
Behavior Only		2 Levels	Nursing Rehabilitation (Activity Count) (4 Groups)
Physical Function Reduced		5 Levels	Nursing Rehabilitation (Activity Count) (10 Groups)

NOTE: RUG-III is Resource Utilization Groups, Version III.

SOURCE: *Federal Register (FR)*: Medicare Program: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Final Rule. 63 FR (91) 26262, (May 12, 1998).