

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 1967-2007

Type of Entitlement and Year 1	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 Enrollee Day		Amount in Millions	Percent of Covered Charges	Percent of Total Medicare Program Payments	Per HI Enrollee	Per Day
All Beneficiaries										
1967	19,997	1,026	---	---	\$4,239	\$313	---	7.4	\$16	\$16
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
1979	8,294	302	536	65	27,699	324	60.4	1.2	12	39
1981	8,575	300	697	81	39,818	403	57.8	1.0	14	47
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
1985	8,268	270	1,028	124	63,877	480	46.7	0.8	16	58
1986	7,770	249	1,123	144	68,583	501	44.6	0.7	16	65
1987	7,041	221	1,188	169	75,817	544	45.8	0.7	17	77
1988	11,802	364	1,982	168	80,595	964	48.7	1.2	30	82
1989	28,571	865	4,537	159	86,038	2,837	62.5	3.3	86	99
1990	21,242	630	4,263	201	101,419	1,827	42.9	1.8	54	86
1991	22,210	645	5,308	239	110,887	2,277	42.9	2.2	66	103
1992	25,271	719	6,904	273	132,951	3,128	45.3	2.4	89	124
1993	30,985	863	9,711	313	136,718	4,385	45.2	3.2	122	142
1994	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
2006	67,143	1,892	31,494	469	280,672	20,499	65.1	7.3	578	305
2007	67,663	1,925	32,846	485	288,504	22,189	67.6	7.7	631	328

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 1967-2007

Type of Entitlement and Year ¹	Covered Days of Care		Covered Charges		Total Medicare	Program Payments				
	Number in Thousands	Per 1K HI Enrollees	Amount in Millions	Per Day	Program Payments in Millions	Amount in Millions	Percent of Covered Charges	Percent of Total Medicare Program Payments	Per HI Enrollee	Per Day
Aged Beneficiaries										
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
1979	7,988	325	513	64	24,005	310	60.4	1.3	13	39
1981	8,269	323	669	81	36,614	387	57.9	1.1	15	47
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
1985	7,986	288	988	124	56,428	463	46.9	0.8	17	58
1986	7,493	265	1,075	144	60,459	482	44.9	0.7	17	64
1987	6,875	235	1,136	167	67,893	524	46.1	0.8	18	77
1988	11,360	388	1,893	167	71,780	926	48.9	1.3	32	81
1989	27,216	911	4,300	158	76,356	2,698	62.7	3.5	90	99
1990	20,398	669	4,067	199	89,620	1,752	43.1	2.0	57	86
1991	21,391	689	5,076	237	98,059	2,187	41.9	2.2	70	102
1992	24,377	772	6,616	271	117,534	3,009	45.5	2.6	95	123
1993	29,821	930	9,271	311	120,201	4,207	45.4	3.5	131	141
1994	34,667	1,169	12,247	353	128,069	5,650	46.1	4.4	191	163
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
2007	62,330	2,162	30,194	484	237,806	20,524	68.0	8.6	712	329

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 1967-2007

Type of Entitlement and Year ¹	Covered Days of Care		Covered Charges		Total Medicare	Program Payments				
	Number in Thousands	Per 1,000 HI Enrollees	Amount in Millions	Per Day	Program Payments in Millions	Amount in Millions	Percent of Covered Charges	Percent of Total Medicare Program Payments	Per HI Enrollee	Per Day
Disabled Beneficiaries										
1975	289	133	\$15	\$51	\$1,492	\$10	64.7	0.6	\$4	\$33
1979	306	105	22	73	3,694	13	59.2	0.4	5	43
1981	306	102	28	93	5,304	16	55.1	0.3	5	51
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
1985	282	97	40	143	7,449	17	42.5	0.2	6	61
1986	277	93	47	171	8,123	19	39.4	0.2	6	68
1987	256	84	51	201	7,923	21	40.0	0.2	7	81
1988	442	142	88	200	8,796	38	43.6	0.4	12	87
1989	1,355	427	237	175	9,682	139	58.8	1.4	44	103
1990	844	260	195	231	11,800	76	38.7	0.6	23	90
1991	819	242	232	283	12,828	90	38.8	0.7	26	109
1992	894	250	287	322	15,417	119	41.4	0.8	33	133
1993	1,164	302	440	378	16,517	177	40.3	1.1	46	152
1994	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
2007	5,333	844	2,653	497	50,697	1,665	62.8	3.3	264	312

¹Beginning 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 2007

Demographic Characteristic, Type of Entitlement, and Discharge Status	Covered Admissions ¹		Covered Days of Care			Covered Charges			Program Payments			
	Number	Per 1,000 HI Enrollees ²	Total in Thousands	Per 1,000 HI Enrollees ²	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Percent of Covered Charges	Per Admission ³	Per Day
Total	2,533,016	72	67,663	1,925	27	\$32,846,115	\$12,967	485	\$22,189,390	68	8,766	328
Age												
Under 65 Years	193,122	31	5,132	812	27	2,551,686	13,213	497	1,602,838	63	8,307	312
65-69 Years	226,007	27	5,622	670	25	2,863,546	12,670	509	1,817,559	63	8,048	323
70-74 Years	252,262	39	6,194	955	25	3,218,590	12,759	520	2,064,833	64	8,190	333
75-79 Years	389,795	71	9,924	1,808	26	5,021,719	12,883	506	3,304,636	66	8,483	333
80-84 Years	535,433	124	14,303	3,303	27	6,994,624	13,063	489	4,744,913	68	8,867	332
85 Years or Over	936,397	227	26,488	6,421	28	12,195,950	13,024	460	8,654,611	71	9,247	327
Sex												
Male	910,169	58	23,216	1,473	26	11,499,364	12,634	495	7,675,927	67	8,439	331
Female	1,622,847	84	44,447	2,294	27	21,346,751	13,154	480	14,513,464	68	8,949	327
Race⁴												
White	2,179,518	74	57,546	1,942	26	28,065,709	12,877	488	18,950,827	68	8,700	329
Other	347,126	64	9,947	1,825	29	4,698,211	13,535	472	3,182,983	68	9,177	320
Type of Entitlement												
Aged ⁵	2,332,108	81	62,330	2,162	27	30,193,569	12,947	484	20,524,183	68	8,806	329
Disabled ⁶	200,908	32	5,333	844	27	2,652,546	13,203	497	1,665,207	63	8,296	312
Discharge Status												
Alive	2,419,135		65,511		27	31,860,125	13,170	486	21,501,914	67	8,894	328
Dead	113,881	---	2,152	---	19	985,989	8,658	458	687,477	70	6,040	319

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

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

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

⁴Excludes unknown race.

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

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

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

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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 2007

Area of Residence	Covered Admissions ¹		Number Covered Days of Care		Per Admis- sion	Amount Covered Charges in Thousands	Per Admis- sion	Per Day	Program Payments		
	Number	Per 1,000 HI	Thousands	Per 1,000 HI					in Thousands	Admis- sion ³	Per Day
		Enrollees ²		Enrollees ²							
All Areas ⁴	2,533,016	72	67,663	1,925	26.7	\$32,846,115	\$12,967	\$485	\$22,189,390	\$8,766	\$328
United States	2,530,913	73	67,617	1,960	26.7	32,822,262	12,969	485	22,176,059	8,768	328
Northeast	565,707	85	14,889	2,243	26.3	7,499,636	13,257	504	5,115,776	9,045	344
Midwest	725,848	86	18,510	2,193	25.5	8,883,547	12,239	480	6,016,034	8,297	325
South	905,253	67	25,398	1,881	28.1	11,381,588	12,573	448	7,692,556	8,502	303
West	334,105	56	8,819	1,490	26.4	5,057,491	15,137	573	3,351,694	10,039	380
New England	176,482	91	4,729	2,431	26.8	2,448,024	13,871	518	1,670,063	9,465	353
Connecticut	48,923	103	1,421	2,980	29.1	722,036	14,759	508	496,392	10,148	349
Maine	16,964	71	404	1,691	23.8	220,541	13,001	547	141,154	8,321	350
Massachusetts	79,791	97	2,122	2,584	26.6	1,135,866	14,236	535	754,865	9,461	356
New Hampshire	14,908	76	386	1,955	25.9	190,928	12,807	495	139,830	9,388	362
Rhode Island	9,731	87	234	2,102	24.0	111,749	11,484	478	80,800	8,305	345
Vermont	6,165	62	162	1,630	26.2	66,904	10,852	414	57,021	9,249	353
Middle Atlantic	389,225	83	10,161	2,165	26.1	5,051,612	12,979	497	3,445,713	8,855	339
New Jersey	111,773	100	2,575	2,300	23.0	1,389,158	12,428	539	1,028,103	9,199	399
New York	150,922	72	4,306	2,040	28.5	2,037,044	13,497	473	1,410,657	9,348	328
Pennsylvania	126,530	87	3,280	2,243	25.9	1,625,410	12,846	496	1,006,952	7,963	307
East North Central	499,732	85	13,579	2,315	27.2	6,481,580	12,970	477	4,362,645	8,741	321
Illinois	146,036	93	3,761	2,390	25.8	1,957,969	13,407	521	1,216,870	8,341	324
Indiana	69,890	83	2,154	2,550	30.8	954,642	13,659	443	653,971	9,371	304
Michigan	83,186	64	2,356	1,811	28.3	1,095,426	13,168	465	770,880	9,302	327
Ohio	147,404	100	3,881	2,644	26.3	1,841,449	12,493	474	1,227,266	8,326	316
Wisconsin	53,216	78	1,426	2,102	26.8	632,095	11,878	443	493,658	9,286	346

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 2007

Area of Residence	Covered Admissions ¹		Number Covered Days of Care		Per Admis- sion	Amount Covered Charges in Thousands	Per Admis- sion	Per Day	Program Payments		
	Number	Per 1,000 HI	Thousands	Per 1,000 HI					in Thousands	Admis- sion ³	Per Day
		Enrollees ²		Enrollees ²							
West North Central	226,116	88	4,931	1,914	21.8	\$2,401,967	\$10,623	\$487	\$1,653,388	\$7,318	\$335
Iowa	40,355	92	662	1,503	16.4	354,896	8,794	536	248,465	6,160	375
Kansas	32,995	87	708	1,872	21.5	341,467	10,349	482	246,276	7,470	348
Minnesota	46,143	91	1,001	1,966	21.7	462,225	10,017	462	359,815	7,799	360
Missouri	65,475	83	1,695	2,152	25.9	836,768	12,780	494	496,230	7,589	293
Nebraska	22,229	92	499	2,068	22.4	241,940	10,884	485	177,132	7,983	355
North Dakota	8,575	88	167	1,706	19.5	75,848	8,845	454	52,045	6,071	312
South Dakota	10,344	86	198	1,642	19.2	88,822	8,587	448	73,425	7,098	370
South Atlantic	483,353	67	13,412	1,859	27.7	5,936,646	12,282	443	4,268,105	8,832	318
Delaware	8,211	62	214	1,624	26.0	92,625	11,281	433	70,881	8,634	332
District of Columbia	5,008	76	133	2,033	26.6	71,966	14,370	539	46,104	9,252	346
Florida	181,463	77	5,053	2,150	27.8	2,411,221	13,288	477	1,727,208	9,519	342
Georgia	51,753	53	1,436	1,465	27.7	575,187	11,114	401	425,352	8,222	296
Maryland	55,184	82	1,332	1,970	24.1	587,281	10,642	441	452,782	8,208	340
North Carolina	70,381	61	2,041	1,756	29.0	807,113	11,468	395	600,047	8,526	294
South Carolina	31,461	51	983	1,582	31.3	397,942	12,649	405	286,649	9,113	291
Virginia	60,563	65	1,697	1,817	28.0	752,440	12,424	443	509,075	8,408	300
West Virginia	19,329	66	523	1,785	27.1	240,870	12,462	461	150,007	7,762	287
East South Central	172,750	69	4,952	1,964	28.7	2,127,377	12,315	430	1,420,212	8,223	287
Alabama	41,310	62	1,131	1,697	27.4	427,550	10,350	378	322,935	7,821	286
Kentucky	45,777	74	1,256	2,020	27.4	561,987	12,277	447	361,934	7,907	288
Mississippi	29,125	67	846	1,951	29.0	419,174	14,392	496	248,482	8,534	294
Tennessee	56,538	71	1,719	2,151	30.4	718,665	12,711	418	486,862	8,613	283

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 2007

Area of Residence	Covered Admissions ¹		Number Covered Days of Care		Per Admis- sion	Amount Covered Charges in Thousands	Per Admis- sion	Per Day	Program Payments		
	Number	Per 1,000 HI	Thousands	Per 1,000 HI					in Thousands	Admis- sion ³	Per Day
		Enrollees ²		Enrollees ²							
West South Central	249,150	66	7,035	1,869	28.2	\$3,317,566	\$13,316	\$472	\$2,004,239	\$8,053	\$285
Arkansas	29,890	67	709	1,590	23.7	364,207	12,185	513	191,514	6,412	270
Louisiana	35,595	68	1,024	1,950	28.8	523,968	14,720	512	270,142	7,594	264
Oklahoma	30,939	62	766	1,545	24.8	404,624	13,078	528	212,886	6,886	278
Texas	152,726	67	4,536	1,975	29.7	2,024,767	13,258	446	1,329,697	8,718	293
Mountain	101,600	53	2,611	1,356	25.7	1,274,210	12,541	488	890,290	8,773	341
Arizona	22,784	42	543	1,003	23.8	234,509	10,293	432	184,070	8,082	339
Colorado	25,627	68	665	1,761	26.0	333,784	13,025	502	237,423	9,296	357
Idaho	9,504	58	265	1,630	27.9	127,742	13,441	482	86,375	9,093	326
Montana	9,850	72	211	1,547	21.4	100,723	10,226	477	70,772	7,186	335
Nevada	8,649	39	252	1,136	29.2	126,457	14,621	501	96,696	11,187	383
New Mexico	8,247	38	230	1,050	27.9	117,361	14,231	511	69,076	8,381	301
Utah	12,127	62	329	1,687	27.1	177,617	14,646	540	107,154	8,837	326
Wyoming	4,812	68	115	1,630	23.9	56,018	11,641	487	38,725	8,064	336
Pacific	232,505	58	6,208	1,555	26.7	3,783,281	16,272	609	2,461,404	10,591	396
Alaska	1,111	20	28	491	24.8	22,177	19,961	805	14,457	13,024	525
California	172,382	62	4,652	1,674	27.0	3,025,612	17,552	650	1,880,961	10,916	404
Hawaii	3,197	27	85	707	26.6	53,626	16,774	630	31,319	9,796	368
Oregon	16,552	49	390	1,152	23.6	194,460	11,748	499	146,935	8,878	377
Washington	39,263	56	1,054	1,510	26.8	487,406	12,414	463	387,731	9,881	368
Outlying Areas ⁵	2,103	3	46	72	22.0	23,852	11,342	515	13,331	6,348	288

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

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

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

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

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

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. 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 2007

Area of Residence	Persons Served ¹			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000 HI Enrollees ²	With Coinsurance	Number	Per 1,000 HI Enrollees ²	Per Person With Coinsurance	Amount	Per 1,000 HI Enrollees ²	Per Person With Coinsurance
All Areas ³	1,725,672	49	1,048,453	38,735,809	1,102	37	\$4,817,577,881	\$137,093	\$4,595
United States	1,723,998	50	1,047,441	38,715,537	1,122	37	4,815,058,309	139,587	4,597
Northeast	384,231	58	236,425	8,344,882	1,257	35	1,037,776,834	156,363	4,389
Midwest	485,899	58	289,461	10,480,188	1,241	36	1,303,300,241	154,386	4,503
South	616,827	46	382,617	14,921,812	1,105	39	1,855,887,282	137,482	4,851
West	237,041	40	138,938	4,968,655	840	36	618,093,952	104,463	4,449
New England	121,817	63	73,976	2,670,609	1,373	36	332,170,299	170,799	4,490
Connecticut	33,919	71	21,284	833,318	1,747	39	103,654,774	217,281	4,870
Maine	12,349	52	7,112	202,712	850	29	25,210,100	105,654	3,545
Massachusetts	54,285	66	32,815	1,201,115	1,463	37	149,388,353	181,907	4,552
New Hampshire	10,292	52	6,182	221,243	1,121	36	27,521,592	139,406	4,452
Rhode Island	6,509	58	3,980	121,355	1,090	31	15,086,300	135,561	3,791
Vermont	4,463	45	2,603	90,866	916	35	11,309,180	114,002	4,345
Middle Atlantic	262,414	56	162,449	5,674,273	1,209	35	705,606,535	150,379	4,344
New Jersey	72,373	65	44,335	1,338,057	1,195	30	166,341,297	148,572	3,752
New York	104,394	49	65,563	2,495,321	1,183	38	310,341,026	147,070	4,733
Pennsylvania	85,647	59	52,551	1,840,895	1,259	35	228,924,212	156,537	4,356
East North Central	333,393	57	207,011	7,907,550	1,348	38	983,411,272	167,653	4,751
Illinois	93,583	59	57,146	2,200,592	1,399	39	273,653,620	173,922	4,789
Indiana	47,488	56	30,080	1,339,668	1,586	45	166,668,428	197,259	5,541
Michigan	56,701	44	36,459	1,365,794	1,050	38	169,847,790	130,549	4,659
Ohio	97,375	66	60,184	2,215,567	1,509	37	275,473,815	187,661	4,577
Wisconsin	38,246	56	23,142	785,929	1,158	34	97,767,619	144,108	4,225

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 2007

Area of Residence	Persons Served ¹			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000 HI Enrollees ²	With Coinsurance	Number	Per 1,000 HI Enrollees ²	Per Person With Coinsurance	Amount	Per 1,000 HI Enrollees ²	Per Person With Coinsurance
West North Central	152,506	59	82,450	2,572,638	999	31	\$319,888,969	\$124,176	\$3,880
Iowa	26,883	61	12,912	286,137	649	22	35,570,426	80,693	2,755
Kansas	21,952	58	12,113	373,746	988	31	46,469,555	122,810	3,836
Minnesota	32,435	64	17,248	487,781	958	28	60,660,361	119,168	3,517
Missouri	42,884	54	25,747	983,501	1,248	38	122,294,891	155,217	4,750
Nebraska	15,328	64	8,150	261,200	1,083	32	32,472,207	134,613	3,984
North Dakota	5,897	60	2,808	83,578	854	30	10,394,832	106,163	3,702
South Dakota	7,127	59	3,472	96,695	800	28	12,026,697	99,534	3,464
South Atlantic	334,250	46	209,591	7,680,945	1,065	37	955,270,656	132,403	4,558
Delaware	5,706	43	3,480	116,206	883	33	14,455,812	109,790	4,154
District of Columbia	3,430	52	2,082	75,153	1,145	36	9,346,585	142,387	4,489
Florida	123,339	52	77,655	2,907,281	1,237	37	361,564,164	153,849	4,656
Georgia	35,641	36	22,162	836,413	854	38	104,027,412	106,168	4,694
Maryland	36,979	55	22,631	709,853	1,050	31	88,256,506	130,522	3,900
North Carolina	50,487	43	31,825	1,180,590	1,016	37	146,852,679	126,347	4,614
South Carolina	22,910	37	14,632	588,684	947	40	73,204,541	117,767	5,003
Virginia	42,472	45	27,096	958,904	1,026	35	119,276,793	127,642	4,402
West Virginia	13,286	45	8,028	307,861	1,051	38	38,286,164	130,655	4,769
East South Central	117,609	47	71,249	2,959,166	1,174	42	368,107,769	146,018	5,166
Alabama	29,606	44	17,116	612,063	918	36	76,136,537	114,226	4,448
Kentucky	30,395	49	18,363	758,616	1,220	41	94,369,296	151,723	5,139
Mississippi	19,227	44	11,632	524,489	1,210	45	65,241,007	150,480	5,609
Tennessee	38,381	48	24,138	1,063,998	1,332	44	132,360,929	165,680	5,484

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 2007

Area of Residence	Persons Served ¹			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000 HI Enrollees ²	With Coinsurance	Number	Per 1,000 HI Enrollees ²	Per Person With Coinsurance	Amount	Per 1,000 HI Enrollees ²	Per Person With Coinsurance
West South Central	164,968	44	101,777	4,281,701	1,138	42	\$532,508,857	\$141,499	\$5,232
Arkansas	19,379	43	11,568	398,833	894	35	49,561,510	111,088	4,284
Louisiana	22,325	43	14,013	658,821	1,255	47	81,939,030	156,071	5,847
Oklahoma	21,089	43	12,123	435,848	879	36	54,213,523	109,367	4,472
Texas	102,175	44	64,073	2,788,199	1,214	44	346,794,794	151,011	5,412
Mountain	74,112	39	42,673	1,424,255	740	33	177,168,135	92,043	4,152
Arizona	16,833	31	10,018	268,594	496	27	33,397,286	61,661	3,334
Colorado	18,115	48	10,588	367,258	972	35	45,685,130	120,927	4,315
Idaho	7,100	44	3,961	153,681	946	39	19,127,397	117,734	4,829
Montana	7,102	52	3,687	107,691	789	29	13,396,686	98,213	3,633
Nevada	6,179	28	3,679	147,710	665	40	18,372,658	82,675	4,994
New Mexico	6,218	28	3,704	129,327	591	35	16,090,167	73,521	4,344
Utah	9,114	47	5,078	185,153	950	37	23,032,519	118,200	4,536
Wyoming	3,451	49	1,958	64,841	918	33	8,066,292	114,216	4,120
Pacific	162,929	41	96,265	3,544,400	888	37	440,925,817	110,452	4,580
Alaska	859	15	477	14,217	253	30	1,768,896	31,499	3,708
California	118,259	43	70,212	2,716,765	977	39	337,964,911	121,593	4,813
Hawaii	2,566	21	1,503	46,012	382	31	5,726,264	47,552	3,810
Oregon	12,583	37	7,312	188,432	557	26	23,434,502	69,275	3,205
Washington	28,662	41	16,761	578,974	830	35	72,031,244	103,244	4,298
Outlying Areas ⁴	1,674	3	1,012	20,272	31	20	2,519,572	3,898	2,490

¹Number of beneficiaries receiving Medicare skilled nursing facility services.

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

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

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

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare 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 2007

Type of Entitlement and Covered Days of Care	Persons ¹	Covered Admissions ²	Covered Days of Care			Covered Charges			
			Number	Per Admission	Per Person	Amount in Thousands	Per Admission	Per Person	Per Day
All Beneficiaries									
Total	1,725,672	2,533,016	67,663,006	26.7	39.2	\$32,846,115	\$12,967	\$19,034	\$485
1-8 Days	411,107	598,047	2,837,002	4.7	6.9	2,306,116	3,856	5,610	813
9-20 Days	538,109	765,780	10,934,198	14.3	20.3	6,736,072	8,796	12,518	616
21-40 Days	414,927	627,794	18,181,905	29.0	43.8	8,925,443	14,217	21,511	491
41-60 Days	175,098	273,940	13,553,843	49.5	77.4	5,970,327	21,794	34,097	440
61-80 Days	78,066	126,477	8,779,137	69.4	112.5	3,651,046	28,867	46,769	416
81 Days or More	108,365	140,978	13,376,921	94.9	123.4	5,257,111	37,290	48,513	393
Aged									
Total	1,594,900	2,332,108	62,330,000	26.7	39.1	30,193,569	12,947	18,931	484
1-8 Days	376,700	545,457	2,594,116	4.8	6.9	2,100,372	3,851	5,576	810
9-20 Days	497,154	704,506	10,055,512	14.3	20.2	6,194,399	8,793	12,460	616
21-40 Days	387,591	583,893	16,908,335	29.0	43.6	8,280,536	14,182	21,364	490
41-60 Days	162,968	253,874	12,560,188	49.5	77.1	5,516,021	21,727	33,847	439
61-80 Days	72,261	116,541	8,087,142	69.4	111.9	3,356,284	28,799	46,447	415
81 Days or More	98,226	127,837	12,124,707	94.8	123.4	4,745,958	37,125	48,317	391
Disabled									
Total	130,772	200,908	5,333,006	26.5	40.8	2,652,546	13,203	20,284	497
1-8 Days	34,407	52,590	242,886	4.6	7.1	205,744	3,912	5,980	847
9-20 Days	40,955	61,274	878,686	14.3	21.5	541,674	8,840	13,226	616
21-40 Days	27,336	43,901	1,273,570	29.0	46.6	644,908	14,690	23,592	506
41-60 Days	12,130	20,066	993,655	49.5	81.9	454,305	22,641	37,453	457
61-80 Days	5,805	9,936	691,995	69.6	119.2	294,762	29,666	50,777	426
81 Days or More	10,139	13,141	1,252,214	95.3	123.5	511,153	38,898	50,415	408

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 2007

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 ³	Per Person	Per Day
All Beneficiaries								
Total	\$4,817,578	\$1,902	\$2,792	\$71	\$22,189,390	\$8,766	\$12,858	\$328
1-8 Days	60,725	102	148	21	1,141,354	1,910	2,776	402
9-20 Days	271,557	355	505	25	4,290,725	5,607	7,974	392
21-40 Days	1,098,733	1,750	2,648	60	6,322,876	10,077	15,239	348
41-60 Days	1,182,518	4,317	6,753	87	4,214,078	15,388	24,067	311
61-80 Days	862,478	6,819	11,048	98	2,549,910	20,164	32,664	290
81 Days or More	1,341,566	9,516	12,380	100	3,670,446	26,037	33,871	274
Aged								
Total	4,420,612	1,896	2,772	71	20,524,183	8,806	12,869	329
1-8 Days	54,722	100	145	21	1,051,240	1,929	2,791	405
9-20 Days	246,673	350	496	25	3,966,374	5,634	7,978	394
21-40 Days	1,016,460	1,741	2,623	60	5,901,896	10,113	15,227	349
41-60 Days	1,093,457	4,307	6,710	87	3,916,452	15,431	24,032	312
61-80 Days	793,525	6,809	10,981	98	2,356,824	20,225	32,615	291
81 Days or More	1,215,777	9,510	12,377	100	3,331,396	26,061	33,916	275
Disabled								
Total	396,966	1,976	3,036	74	1,665,207	8,296	12,734	312
1-8 Days	6,003	114	174	25	90,114	1,716	2,619	371
9-20 Days	24,885	406	608	28	324,351	5,299	7,920	369
21-40 Days	82,274	1,874	3,010	65	420,980	9,597	15,400	331
41-60 Days	89,061	4,438	7,342	90	297,626	14,839	24,536	300
61-80 Days	68,953	6,940	11,878	100	193,086	19,441	33,262	279
81 Days or More	125,790	9,572	12,407	100	339,050	25,801	33,440	271

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

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

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

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare 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 2007

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Total All Diagnoses ⁴	---	2,533,016	100.0
Leading Diagnoses ⁵	---	2,038,873	80.5
Infectious and Parasitic Diseases (MDC 1)	001-139	36,684	1.4
Septicemia	038	15,947	0.6
Other	---	20,737	0.8
Neoplasms (MDC 2)	140-239	62,763	2.5
Malignant Neoplasm of Colon	153	4,863	0.2
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	3,196	0.1
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	10,050	0.4
Malignant Neoplasm of Female Breast	174	3,075	0.1
Malignant Neoplasm of Prostate	185	3,255	0.1
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	3,388	0.1
Other	---	34,936	1.4
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	85,819	3.4
Diabetes	250	44,693	1.8
Nutritional Deficiencies	260-263	2,193	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	21,977	0.9
Other	---	16,956	0.7
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	22,273	0.9
Other and Unspecified Anemias	285	14,281	0.6
Other	---	7,992	0.3
Mental Disorders (MDC 5)	290-319	72,299	2.9
Senile and Prosenile Organic Psychotic Conditions	290	17,068	0.7
Other Organic Psychotic Conditions (Chronic)	294	22,677	0.9
Other Non-Organic Psychoses	298	5,408	0.2
Other	---	27,146	1.1
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	61,898	2.4
Other Cerebral Degenerations	331	21,529	0.8
Parkinson's Disease	332	11,937	0.5
Hemiplegia and Hemiparesis	342	2,138	0.1
Other	---	26,294	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 2007

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
67,663	1,925	27	\$32,846,115	\$12,967	\$485	\$22,189,390	\$8,766	\$328
54,247	1,544	27	26,737,190	13,114	493	17,926,383	8,798	330
887	25	24	484,483	13,207	546	317,485	8,659	358
355	10	22	216,755	13,592	610	119,153	7,474	335
532	15	26	267,728	12,911	503	198,331	9,570	373
1,411	40	22	666,867	10,625	473	455,397	7,261	323
108	3	22	51,209	10,530	473	36,003	7,403	332
79	2	25	36,349	11,373	458	25,562	8,008	322
200	6	20	97,284	9,680	485	63,941	6,367	319
80	2	26	34,626	11,260	434	24,955	8,129	313
79	2	24	35,469	10,897	449	25,857	7,946	327
65	2	19	41,607	12,281	641	21,945	6,485	338
799	23	23	370,324	10,600	463	257,135	7,365	322
2,460	70	29	1,048,331	12,216	426	745,078	8,687	303
1,349	38	30	567,774	12,704	421	395,700	8,858	293
64	2	29	28,668	13,072	445	18,697	8,538	290
569	16	26	249,711	11,362	439	181,819	8,277	320
478	14	28	202,179	11,924	423	148,862	8,784	311
611	17	27	263,628	11,836	431	188,662	8,475	309
397	11	28	168,857	11,824	425	122,605	8,591	309
214	6	27	94,771	11,858	443	66,057	8,270	309
2,296	65	32	853,428	11,804	372	625,025	8,650	272
570	16	33	211,528	12,393	371	158,713	9,304	279
733	21	32	267,526	11,797	365	199,027	8,779	271
170	5	31	64,054	11,844	377	46,885	8,673	276
823	23	30	310,320	11,432	377	220,401	8,126	268
1,985	56	32	812,795	13,131	410	589,115	9,522	297
703	20	33	251,278	11,672	358	190,816	8,866	272
406	12	34	169,136	14,169	416	125,532	10,524	309
76	2	36	32,964	15,418	432	24,489	11,459	321
800	23	30	359,417	13,669	449	248,278	9,477	310

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 2007

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Diseases of the Circulatory System (MDC 7)	390-459	410,229	16.2
Essential Hypertension	401	42,923	1.7
Acute Myocardial Infarction	410	17,574	0.7
Other Forms of Chronic Ischemic Heart Disease	414	25,090	1.0
Cardiac Dysrhythmia	427	35,881	1.4
Heart Failure	428	103,152	4.1
III-Defined Descriptions and Complication of Heart Disease	429	3,555	0.1
Intracranial Hemorrhage	431	2,938	0.1
Occlusion of Cerebral Arteries	434	16,807	0.7
Transient Cerebral Ischemia	435	9,890	0.4
Acute, But III-Defined, Cerebrovascular Disease	436	37,215	1.5
Other and III-Defined Cerebrovascular Disease	437	3,321	0.1
Late Effects of Cerebrovascular Disease	438	41,020	1.6
Atherosclerosis	440	2,073	0.1
Other Peripheral Vascular Disease	443	8,748	0.3
Venous Embolism and Thrombosis	453	11,080	0.4
Other	---	48,962	1.9
Diseases of the Respiratory System (MDC 8)	460-519	244,249	9.6
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	7,827	0.3
Pneumonia, Organism Unspecified	486	102,519	4.0
Chronic Bronchitis	491	15,613	0.6
Chronic Airway Obstruction	496	48,826	1.9
Pneumonitis Due to Solids and Liquids	507	15,178	0.6
Other Diseases of Lung	518	22,894	0.9
Other	---	31,392	1.2
Diseases of the Digestive System (MDC 9)	520-579	91,988	3.6
Intestinal Obstruction Without Mention of Hernia	560	10,754	0.4
Diverticula of Intestine	562	6,712	0.3
Gastrointestinal Hemorrhage	578	24,505	1.0
Other	---	50,017	2.0

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 2007

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admis- sion ³	Per Day
11,677	332	28	\$5,184,288	\$12,368	\$444	\$3,736,625	\$9,115	\$320
1,312	37	31	534,909	12,462	408	403,675	9,415	308
421	12	24	191,270	10,884	455	138,361	7,878	329
622	18	25	278,648	11,106	448	202,215	8,063	325
967	28	27	422,526	11,776	437	311,103	8,676	322
2,605	74	25	1,159,669	11,242	445	815,070	7,907	313
106	3	30	43,797	12,320	411	32,311	9,102	304
95	3	32	44,537	15,159	470	33,026	11,241	348
533	15	32	255,827	15,221	480	183,516	10,929	344
291	8	29	127,140	12,855	437	95,216	9,631	327
1,271	36	34	554,127	14,890	436	411,000	11,055	323
111	3	33	47,110	14,186	426	35,511	10,699	321
1,442	41	35	655,372	15,977	454	473,031	11,538	328
52	1	25	28,826	13,906	558	16,190	7,810	314
257	7	29	109,504	12,518	426	77,813	8,902	303
311	9	28	136,776	12,344	440	95,099	8,585	306
1,281	36	26	594,249	12,137	464	413,490	8,450	323
6,067	173	25	2,965,817	12,143	489	1,931,287	7,912	318
174	5	22	104,404	13,339	599	55,856	7,139	321
2,525	72	25	1,167,022	11,383	462	818,367	7,987	324
319	9	20	180,293	11,548	565	104,930	6,722	329
1,290	37	26	554,134	11,349	429	389,494	7,986	302
377	11	25	188,872	12,444	501	119,649	7,887	317
607	17	27	415,433	18,146	684	198,284	8,667	327
774	22	25	355,660	11,330	459	244,707	7,800	316
2,310	66	25	1,030,299	11,200	446	742,039	8,072	321
266	8	25	120,489	11,204	452	87,360	8,128	328
159	5	24	75,642	11,270	475	53,449	7,967	336
644	18	26	266,368	10,870	414	201,324	8,222	313
1,241	35	25	567,800	11,352	457	399,906	8,000	322

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 2007

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	135,397	5.3
Chronic Renal Failure	585	18,985	0.7
Renal Failure, Unspecified	586	10,326	0.4
Other Disorders of Urethra and Urinary Tract	599	76,153	3.0
Other	---	29,933	1.2
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	56,062	2.2
Other Cellulitis and Abscess	682	34,414	1.4
Chronic Ulcer of Skin	707	18,605	0.7
Other	---	3,043	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	181,497	7.2
Osteoarthritis and Allied Disorders	715	45,073	1.8
Other and Unspecified Disorders of Joint	719	29,579	1.2
Other and Unspecified Disorders of Back	724	19,902	0.8
Disorders of Muscle, Ligament, and Fascia	728	41,519	1.6
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	8,235	0.3
Other Disorders of Bone and Cartilage	733	11,896	0.5
Other	---	25,293	1.0
Congenital Anomalies (MDC 14)	740-759	4,070	0.2
Other Ill Defined Conditions (MDC 16)	780-799	214,026	8.4
General Symptoms	780	86,996	3.4
Symptoms Involving Nervous and Musculoskeletal Systems	781	32,369	1.3
Symptoms Involving Cardiovascular System	785	4,493	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	16,593	0.7
Symptoms Involving Digestive System	787	14,836	0.6
Other	---	58,739	2.3
Injury and Poisoning (MDC 17)	800-999	210,138	8.3
Fracture, Vertebra without Mention of Spinal Cord Injury	805	12,175	0.5
Fracture, Pelvis	808	13,460	0.5
Fracture, Humerus	812	10,779	0.4
Fracture, Neck of Femur	820	70,096	2.8
Fracture, Other and Unspecified Parts of Femur	821	11,448	0.5
Fracture, Tibia, Fibula	823	6,185	0.2
Fracture of Ankle	824	7,823	0.3
Amputation of Leg(s)	897	4,675	0.2
Other	---	73,497	2.9

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 2007

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
3,696	105	27	\$1,568,708	\$11,586	\$424	\$1,152,994	\$8,522	\$312
497	14	26	203,527	10,720	410	146,708	7,735	295
275	8	27	112,699	10,914	410	82,779	8,024	301
2,131	61	28	902,244	11,848	423	676,132	8,886	317
793	23	26	350,238	11,701	442	247,376	8,269	312
1,668	47	30	784,545	13,994	470	514,634	9,185	309
945	27	27	456,203	13,256	483	309,157	8,988	327
637	18	34	288,053	15,483	452	178,441	9,598	280
86	2	28	40,289	13,240	470	27,035	8,893	315
4,888	139	27	2,277,104	12,546	466	1,634,234	9,011	334
936	27	21	473,115	10,497	506	350,277	7,774	374
882	25	30	389,904	13,182	442	287,775	9,733	326
511	15	26	238,189	11,968	466	175,431	8,823	343
1,256	36	30	544,073	13,104	433	395,528	9,539	315
253	7	31	141,649	17,201	560	79,790	9,693	315
355	10	30	159,491	13,407	449	114,683	9,646	323
695	20	27	330,683	13,074	476	230,748	9,130	332
109	3	27	45,971	11,295	420	34,740	8,546	318
5,996	171	28	2,671,019	12,480	445	1,921,719	8,984	320
2,444	70	28	1,063,865	12,229	435	795,058	9,144	325
932	27	29	443,320	13,696	476	306,659	9,481	329
122	3	27	52,706	11,731	432	38,216	8,513	313
413	12	25	182,109	10,975	441	132,000	7,961	320
468	13	32	188,244	12,688	403	139,907	9,436	299
1,617	46	28	740,775	12,611	458	509,879	8,684	315
6,941	198	33	3,180,305	15,134	458	2,286,291	10,887	329
354	10	29	160,783	13,206	454	118,426	9,733	335
434	12	32	197,201	14,651	455	147,303	10,949	340
400	11	37	178,182	16,530	445	131,382	12,198	328
2,499	71	36	1,121,890	16,005	449	834,051	11,905	334
437	12	38	190,191	16,613	436	140,499	12,282	322
236	7	38	105,252	17,017	446	75,206	12,163	318
289	8	37	130,470	16,678	452	93,867	12,005	325
159	5	34	63,699	13,625	400	44,967	9,631	282
2,133	61	29	1,032,638	14,050	484	700,590	9,539	328

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 2007

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code	Covered Admissions ¹	
	Category	Number	Percent Distribution
Supplementary Classification of Factors Influencing			
Health Status and Contact with Health Services	V01-V82	640,916	25.3
Organ of Tissue Replaced by Other Means	V43	21,615	0.9
Orthopedic Aftercare	V54	99,110	3.9
Care Involving Use of Rehabilitation Procedures	V57	427,438	16.9
Encounter for Other and Unspecified Procedures and Aftercare	V58	54,231	2.1
Convalescence	V66	6,094	0.2
Other	---	32,428	1.3

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

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

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

⁴Includes invalid codes not shown separately.

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

NOTES: Medicare program payments represent fee-for-service only. 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 2007

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
14,579	415	23	\$8,972,839	\$14,000	\$615	\$5,287,858	\$8,255	\$363
463	13	21	229,875	10,635	496	176,395	8,165	381
2,786	79	28	1,411,124	14,238	506	975,990	9,852	350
9,186	261	21	6,136,875	14,357	668	3,406,997	7,976	371
1,082	31	20	720,721	13,290	666	391,658	7,224	362
105	3	17	64,048	10,510	609	47,554	7,806	452
957	27	30	410,194	12,649	428	289,265	8,926	302

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 2007

Type of Facility and Bed Size	Number of Facilities	Covered Admissions ¹		Covered Days of Care			Program Payments			
		Number	Percent	Number in Thousands	Percent	Per Admission	Amount in Thousands	Percent	Per Admission ²	Per Day
SNFs										
Total	15,054	2,403,143	100.0	66,438	100.0	27.6	\$21,189,865	100.0	\$8,823	\$319
1-49 Beds	2,571	335,127	13.9	6,422	9.7	19.2	2,055,817	9.7	6,136	320
50-99 Beds	5,334	563,653	23.5	16,285	24.5	28.9	5,091,761	24.0	9,037	313
100-149 Beds	4,709	850,843	35.4	25,005	37.6	29.4	7,932,086	37.4	9,330	317
150-199 Beds	1,562	378,755	15.8	10,890	16.4	28.8	3,529,106	16.7	9,328	324
200 Beds or More	878	274,765	11.4	7,837	11.8	28.5	2,581,096	12.2	9,401	329
Hospital Based										
Total	1,128	246,387	100.0	3,667	100.0	14.9	1,184,427	100.0	4,808	323
1-49 Beds	725	174,617	70.9	2,165	59.0	12.4	722,261	61.0	4,136	334
50-99 Beds	237	34,583	14.0	660	18.0	19.1	201,831	17.0	5,837	306
100-149 Beds	96	17,997	7.3	377	10.3	21.0	111,938	9.5	6,223	297
150-199 Beds	33	6,640	2.7	156	4.3	23.4	46,524	3.9	7,008	299
200 Beds or More	37	12,550	5.1	310	8.5	24.7	101,872	8.6	8,119	329
Non-Hospital Based										
Total	13,926	2,156,756	100.0	62,771	100.0	29.1	20,005,439	100.0	9,282	319
1-49 Beds	1,846	160,510	7.4	4,257	6.8	26.5	1,333,556	6.7	8,313	313
50-99 Beds	5,097	529,070	24.5	15,625	24.9	29.5	4,889,930	24.4	9,246	313
100-149 Beds	4,613	832,846	38.6	24,628	39.2	29.6	7,820,148	39.1	9,397	318
150-199 Beds	1,529	372,115	17.3	10,734	17.1	28.8	3,482,582	17.4	9,370	324
200 Beds or More	841	262,215	12.2	7,527	12.0	28.7	2,479,223	12.4	9,462	329
Swing-Bed Hospitals³										
Total	560	129,873	100.0	1,225	100.0	9.4	999,525	100.0	7,697	816
1-49 Beds	316	108,792	83.8	1,065	86.9	9.8	952,198	95.3	8,753	894
50-99 Beds	244	21,081	16.2	160	13.1	7.6	47,327	4.7	2,245	296

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

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

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

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to 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, 2003, and 2007

Principal ICD-9-CM Diagnosis ¹	ICD- 9-CM Code	1998 Covered Admissions ²			2003 Covered Admissions ²			2007 Covered Admissions ²		
		Number	Average Covered Days of Care per Admission	Average Program Payment per Admission ³	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission ³	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission ³
Total All Diagnoses	---	1,984,713	22.9	\$5,708	2,336,359	25.4	\$6,496	2,533,016	26.7	\$8,766
Heart Failure	428	96,921	21.7	5,215	113,309	24.0	5,892	103,152	25.2	7,907
Pneumonia, Organism Unspecified	486	89,866	21.2	5,278	110,329	23.2	5,866	102,519	24.6	7,987
General Symptoms	780	43,210	24.0	5,861	73,259	26.6	6,842	86,996	28.1	9,144
Other Disorders of Urethra and Urinary Tract	599	40,642	24.7	6,009	61,330	26.3	6,517	76,153	28.0	8,886
Fracture of Neck of Femur	820	133,347	28.9	7,021	108,238	34.2	9,021	70,096	35.7	11,905
Chronic Airway Obstruction, Not Elsewhere Classified	496	42,300	24.4	5,619	48,291	25.6	6,079	48,826	26.4	7,986
Osteoarthritis and Allied Disorders	715	54,851	14.5	4,360	49,512	19.3	5,616	45,073	20.8	7,774
Diabetes Mellitus	250	48,266	29.6	6,529	44,912	29.5	6,900	44,693	30.2	8,858
Essential Hypertension	401	22,580	29.1	6,661	34,874	29.7	7,356	42,923	30.6	9,415
Late Effects of Cerebrovascular Disease	438	17,242	31.2	7,068	40,601	33.0	8,912	41,020	35.2	11,538

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

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

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

NOTES: The leading conditions were selected based on the most frequently reported or special interest principal diagnoses for beneficiaries admitted to SNFs during 2007; 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) Days, by State of Provider,
and Major RUG-III Groups: Calendar Year 2007

State of Provider	Total Days	RUG-III Rehabilitation Groups					
		Total	Ultra High	Very High	High	Medium	Low
United States ²	67,154,259	58,290,342	16,440,274	17,834,155	8,591,308	15,294,331	130,274
Alabama	1,110,990	935,948	359,503	264,129	102,246	207,949	2,121
Alaska	18,636	11,611	157	567	1,651	8,941	295
Arizona	537,560	482,871	133,691	156,069	69,423	123,463	225
Arkansas	693,011	579,153	124,494	185,593	106,499	161,823	744
California	4,634,041	3,935,755	1,484,495	1,248,445	429,919	763,915	8,981
Colorado	653,487	596,275	191,810	214,890	76,540	111,550	1,485
Connecticut	1,466,278	1,154,407	268,898	387,226	153,998	342,115	2,170
Delaware	206,921	180,613	35,026	69,463	27,682	48,306	136
District of Columbia	77,911	66,493	12,521	17,698	10,979	25,275	20
Florida	5,117,298	4,679,380	2,400,011	1,237,958	315,178	720,886	5,347
Georgia	1,397,383	1,144,941	263,490	347,989	180,884	346,858	5,720
Hawaii	80,403	66,720	15,913	22,233	9,916	18,575	83
Idaho	261,339	226,041	65,657	64,366	26,232	67,811	1,975
Illinois	3,711,458	3,321,057	781,905	1,108,774	555,096	861,021	14,261
Indiana	2,165,115	1,958,635	552,793	611,876	340,403	448,417	5,146
Iowa	592,414	509,282	48,352	98,967	129,131	230,992	1,840
Kansas	642,150	568,242	97,298	181,332	131,466	156,470	1,676
Kentucky	1,225,737	1,039,274	291,988	312,352	138,680	292,194	4,060
Louisiana	1,010,102	879,853	234,771	304,784	151,020	188,280	998
Maine	382,693	345,687	121,948	115,182	37,831	69,152	1,574
Maryland	1,409,713	1,208,750	328,093	452,849	130,593	296,514	701
Massachusetts	2,170,477	1,795,726	548,616	597,067	191,512	456,031	2,500
Michigan	2,314,201	2,074,285	636,412	722,564	274,947	436,953	3,409
Minnesota	976,371	861,150	119,195	277,982	162,321	301,100	552
Mississippi	800,080	694,438	232,971	183,709	121,691	153,373	2,694
Missouri	1,678,566	1,500,722	274,570	498,233	287,875	437,495	2,549
Montana	189,219	156,394	10,418	34,928	40,057	69,635	1,356
Nebraska	465,978	405,274	66,251	107,330	88,205	141,814	1,674
Nevada	242,909	217,543	95,507	60,253	20,840	40,535	408
New Hampshire	355,265	299,414	105,524	93,110	31,894	67,244	1,642

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 2007

Other Major RUG-III Groups								Case-Mix Index ¹	
Total	Extensive Care	Special Care	Clinically Complex	Cognitively Impaired	Behavior Problems Only	Reduced Physical Function	Not Otherwise Classified	Nursing	Therapy
8,863,917	3,089,416	2,289,888	2,415,856	204,284	25,544	648,449	190,456	1.29	1.41
175,042	50,154	45,608	55,762	5,425	169	16,344	1,580	1.28	1.54
7,025	3,325	2,183	1,171	(3)	0	151	185	1.36	0.84
54,689	18,795	15,840	12,594	713	100	2,589	4,058	1.29	1.41
113,858	53,247	24,098	20,870	4,471	422	10,005	745	1.26	1.32
698,286	251,699	191,672	166,775	14,320	4,034	50,287	19,499	1.30	1.55
57,212	13,196	13,062	22,841	1,197	224	4,384	2,308	1.26	1.50
311,871	60,721	59,746	126,956	10,473	938	42,047	10,990	1.28	1.35
26,308	9,059	7,060	7,302	603	14	1,710	560	1.28	1.33
11,418	3,222	4,458	2,951	51	0	517	219	1.28	1.25
437,918	144,308	132,082	126,174	5,506	672	21,977	7,199	1.31	1.71
252,442	102,213	69,731	55,047	7,055	553	14,789	3,054	1.30	1.33
13,683	5,770	4,135	2,825	76	(3)	526	344	1.28	1.36
35,298	8,087	7,474	11,047	1,644	84	5,558	1,404	1.28	1.40
390,401	158,338	102,109	85,556	12,502	3,753	24,596	3,547	1.27	1.36
206,480	71,097	44,731	57,409	7,672	282	22,291	2,998	1.26	1.42
83,132	37,211	21,454	15,539	1,770	170	5,776	1,212	1.35	1.08
73,908	27,063	16,289	18,711	2,575	471	7,742	1,057	1.26	1.27
186,463	79,329	43,009	44,798	3,033	247	14,201	1,846	1.31	1.40
130,249	57,652	39,982	20,577	4,120	555	6,446	917	1.21	1.42
37,006	11,913	9,257	13,060	410	15	2,116	235	1.27	1.52
200,963	71,515	56,785	59,517	1,705	33	8,401	3,007	1.32	1.43
374,751	92,839	76,463	148,319	14,140	1,339	36,059	5,592	1.31	1.45
239,916	79,139	60,880	76,655	5,153	96	12,032	5,961	1.25	1.47
115,221	34,341	30,014	35,936	2,279	191	10,351	2,109	1.31	1.21
105,642	35,633	25,235	26,567	4,697	440	12,342	728	1.20	1.46
177,844	63,511	44,055	41,568	7,241	2,110	14,482	4,877	1.27	1.29
32,825	12,265	8,772	7,655	669	226	2,711	527	1.29	1.05
60,704	20,695	13,156	17,289	1,832	291	5,634	1,807	1.28	1.22
25,366	9,067	7,060	7,308	423	(3)	1,141	366	1.27	1.61
55,851	11,939	12,078	24,652	1,662	42	4,939	539	1.26	1.51

Table 6.9--Continued
Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,
and Major RUG-III Groups: Calendar Year 2007

State of Provider	Total Days	RUG-III Rehabilitation Groups					
		Total	Ultra High	Very High	High	Medium	Low
New Jersey	2,596,579	2,287,997	874,182	577,570	205,047	628,239	2,959
New Mexico	215,237	187,974	42,695	54,962	29,100	60,904	313
New York	4,306,551	3,428,357	313,395	636,742	997,430	1,464,814	15,976
North Carolina	2,052,304	1,735,794	447,938	540,896	265,280	479,393	2,287
North Dakota	148,239	107,599	15,563	13,559	25,934	51,633	910
Ohio	3,961,927	3,595,764	961,520	1,143,181	470,832	1,015,979	4,252
Oklahoma	722,310	615,001	178,415	197,432	99,530	138,451	1,173
Oregon	375,997	346,512	55,882	116,958	47,403	125,937	332
Pennsylvania	3,308,972	2,910,797	624,417	949,734	470,771	859,453	6,422
Rhode Island	240,161	208,773	43,380	76,436	30,523	58,215	219
South Carolina	952,246	821,734	241,113	254,790	117,745	204,797	3,289
South Dakota	175,117	148,309	21,835	38,966	32,407	54,637	464
Tennessee	1,778,278	1,504,927	465,382	465,684	183,382	387,608	2,871
Texas	4,534,434	3,929,458	1,102,927	1,319,324	620,558	882,893	3,756
Utah	338,880	321,389	103,298	117,644	40,608	58,804	1,035
Vermont	147,262	119,998	16,442	35,509	19,936	47,508	603
Virginia	1,690,186	1,464,663	399,974	480,815	197,588	384,638	1,648
Washington	1,042,630	901,584	201,090	285,812	118,562	294,114	2,006
West Virginia	475,273	411,860	135,779	105,876	56,801	112,914	490
Wisconsin	1,403,190	1,262,836	278,758	422,476	200,803	358,531	2,268
Wyoming	100,780	83,082	14,011	21,871	16,359	30,182	659

¹The 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 distributions of residents in a given state. This table provides a representation of the resource intensity of the residence within each state.

²Excludes Puerto Rico, Guam, Virgin Islands, residence unknown, and outlying areas.

³For 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).

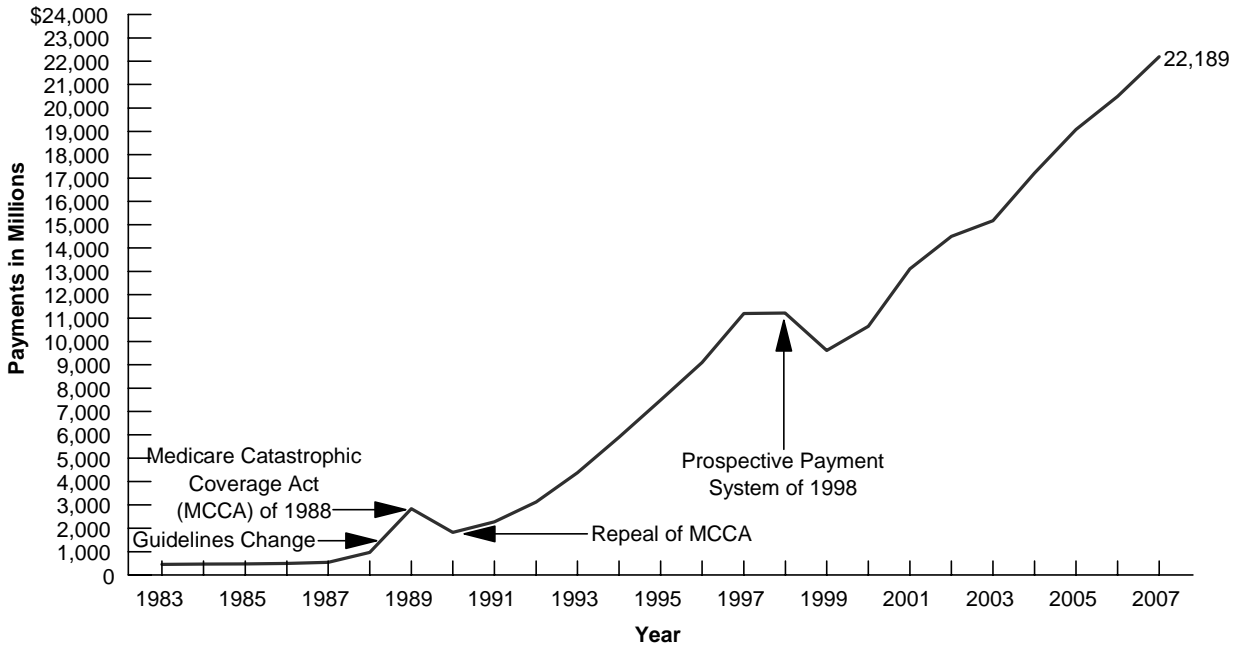
SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

Table 6.9--Continued
Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,
and Major RUG-III Groups: Calendar Year 2007

Total	Other Major RUG-III Groups							Case-Mix Index ¹	
	Extensive	Special	Clinically	Cognitively	Behavior	Reduced	Not	Nursing	Therapy
	Care	Care	Complex	Impaired	Problems Only	Physical Function	Otherwise Classified		
308,582	128,357	93,793	68,588	2,839	461	12,074	2,470	1.35	1.51
27,263	9,262	7,676	6,742	715	63	2,158	647	1.29	1.32
878,194	308,437	236,883	234,996	10,424	698	36,795	49,961	1.28	1.07
316,510	115,619	83,282	85,492	4,317	402	22,477	4,921	1.26	1.38
40,640	16,142	12,222	9,343	505	96	2,109	223	1.30	1.10
366,163	142,327	100,535	92,491	6,641	805	16,636	6,728	1.34	1.39
107,309	35,867	27,150	30,559	2,920	875	9,452	486	1.19	1.43
29,485	9,237	9,976	6,613	381	(3)	2,457	815	1.35	1.25
398,175	136,424	110,828	100,116	6,427	348	32,721	11,311	1.32	1.32
31,388	10,733	6,911	9,828	809	208	1,996	903	1.30	1.34
130,512	48,183	34,691	37,250	2,143	130	6,971	1,144	1.25	1.43
26,808	11,750	6,514	5,465	464	26	2,211	378	1.29	1.19
273,351	97,488	57,559	71,995	11,221	640	30,094	4,354	1.31	1.45
604,976	203,813	145,910	173,225	17,683	2,099	56,119	6,127	1.24	1.43
17,491	5,602	4,802	5,143	340	106	1,034	464	1.26	1.50
27,264	8,087	6,777	8,480	637	149	2,787	347	1.33	1.19
225,523	84,422	61,838	57,484	3,754	311	14,445	3,269	1.29	1.41
141,046	43,521	37,774	39,058	3,303	291	14,774	2,325	1.34	1.32
63,413	26,235	15,155	15,116	1,720	77	4,326	784	1.29	1.45
140,354	45,941	36,793	38,046	3,248	246	13,003	3,077	1.30	1.34
17,698	4,626	4,341	6,395	376	42	1,666	252	1.26	1.22

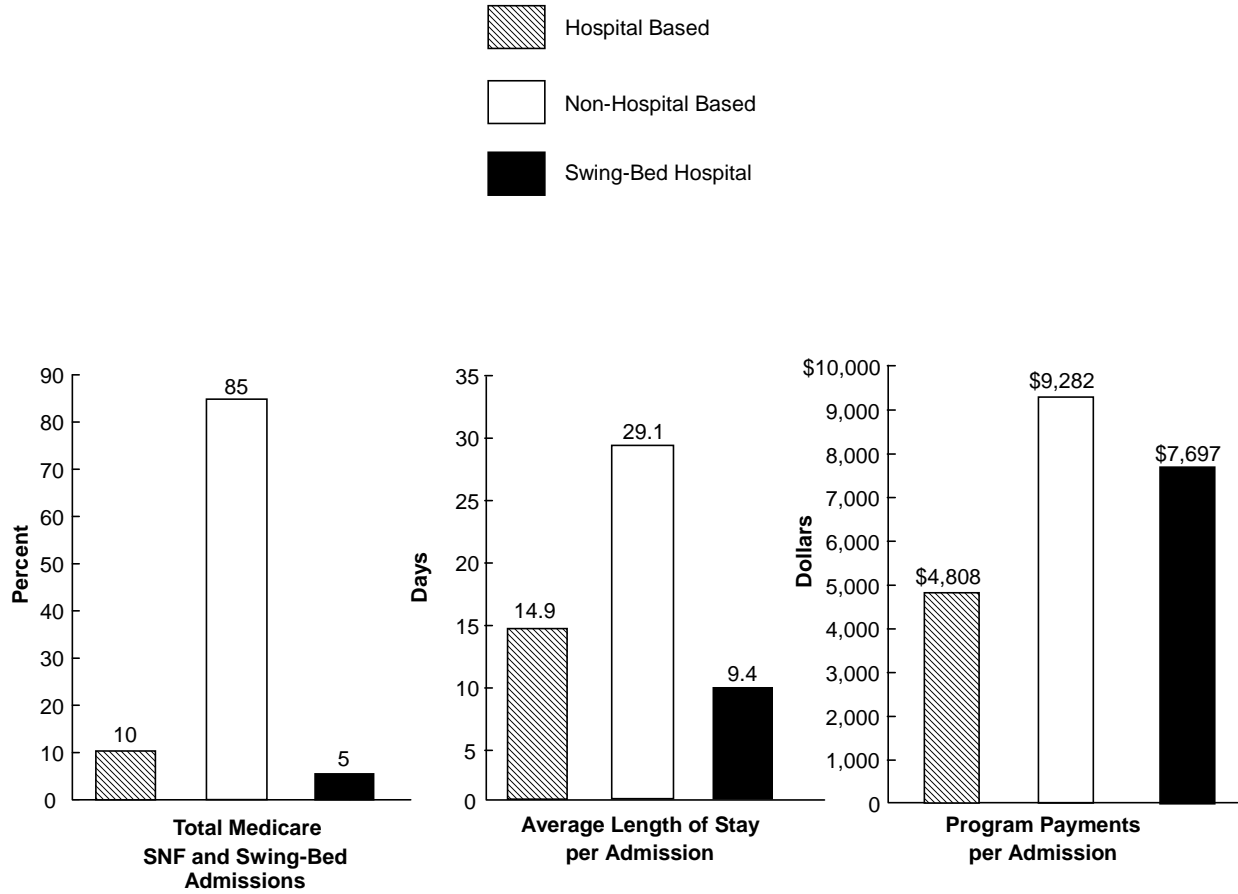
Figure 6.1

Growth in Medicare Skilled Nursing Facility Program Payments: Calendar Years 1983-2007



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.

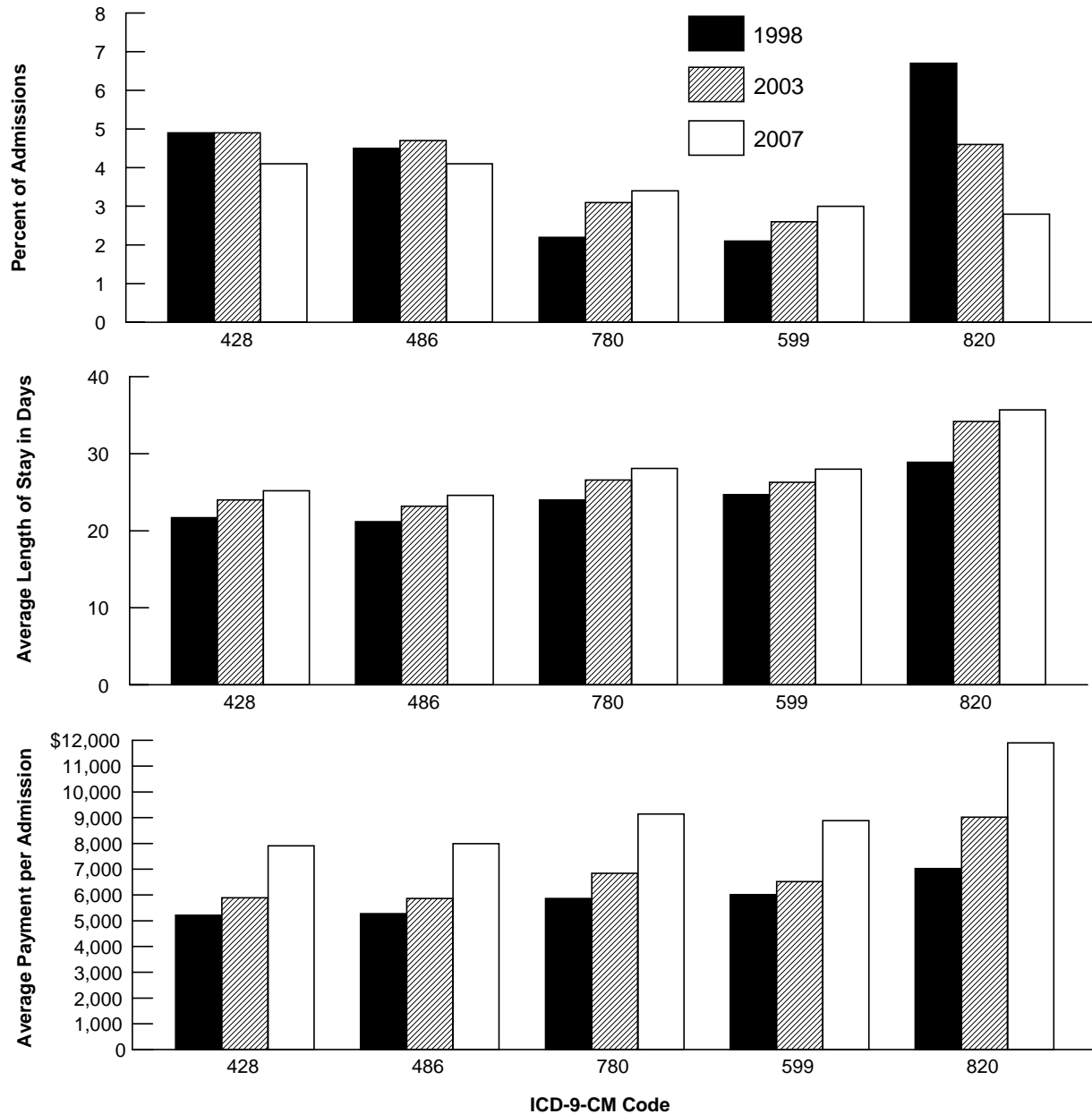
Figure 6.2 Medicare Skilled Nursing Facility (SNF) Utilization, by Type of Facility: Calendar Year 2007



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, 2003, and 2007



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

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).