

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 1967-2009**

Type of Entitlement and Year <sup>1</sup>	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
<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
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
2008	69,157	1,977	34,941	505	301,136	24,329	69.6	8.1	695	352
2009	68,385	1,952	36,535	534	318,009	25,530	69.9	8.0	729	373

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 1967-2009**

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>										
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
2008	63,554	2,220	32,049	504	247,118	22,448	70.0	9.1	784	353
2009	62,528	2,186	33,357	533	258,546	23,434	70.3	9.1	819	375

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 1967-2009**

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>Disabled Beneficiaries</b>										
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
2008	5,602	881	2,891	516	54,018	1,881	65.1	3.5	296	336
2009	5,857	910	3,179	543	59,462	2,096	65.9	3.5	326	358

<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 MEDPAR files: Medicare Provider Analysis and Review; 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 2009**

Demographic Characteristic, Type of Entitlement, and Discharge Status	Covered Admissions <sup>1</sup>		Covered Days of Care			Covered Charges			Program Payments			
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Total in Thousands	Per 1,000 HI Enrollees <sup>2</sup>	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Percent of Covered Charges	Per Admission <sup>3</sup>	Per Day
<b>Total</b>	2,509,080	72	68,385	1,952	27	\$36,535,206	\$14,561	534	\$25,530,079	70	10,183	373
<b>Age</b>												
Under 65 Years	211,672	33	5,652	878	27	3,067,698	14,493	543	2,022,203	66	9,563	358
65-69 Years	241,670	28	6,134	703	25	3,415,000	14,131	557	2,267,376	66	9,390	370
70-74 Years	255,857	40	6,414	993	25	3,630,488	14,190	566	2,436,231	67	9,530	380
75-79 Years	366,389	72	9,520	1,865	26	5,268,554	14,380	553	3,605,991	68	9,850	379
80-84 Years	502,441	122	13,694	3,327	27	7,367,464	14,663	538	5,164,351	70	10,287	377
85 Years or Over	931,051	222	26,970	6,428	29	13,786,002	14,807	511	10,033,927	73	10,785	372
<b>Sex</b>												
Male	921,512	58	24,042	1,516	26	13,039,423	14,150	542	9,039,218	69	9,818	376
Female	1,587,568	83	44,343	2,312	28	23,495,782	14,800	530	16,490,862	70	10,395	372
<b>Race<sup>4</sup></b>												
White	2,149,504	73	57,943	1,974	27	31,050,338	14,445	536	21,687,079	70	10,097	374
Other	353,932	63	10,286	1,830	29	5,400,790	15,259	525	3,784,635	70	10,705	368
<b>Type of Entitlement</b>												
Aged <sup>5</sup>	2,289,750	80	62,528	2,186	27	33,356,672	14,568	533	23,434,248	70	10,243	375
Disabled <sup>6</sup>	219,330	34	5,857	910	27	3,178,534	14,492	543	2,095,831	66	9,565	358
<b>Discharge Status</b>												
Alive	2,406,672	---	66,429	---	28	35,565,179	14,778	535	24,830,381	70	10,326	374
Dead	102,408	---	1,956	---	19	970,027	9,472	496	699,698	72	6,838	358

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

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

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

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

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

<sup>6</sup>Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the MEDPAR files: Medicare Provider Analysis and Review; 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 2009**

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>	2,509,080	72	68,385	1,952	27.3	\$36,535,206	\$14,561	\$534	\$25,530,079	\$10,183	\$373
United States	2,507,355	73	68,346	1,987	27.3	36,513,597	14,563	534	25,516,747	10,185	373
Northeast	558,232	86	14,652	2,249	26.2	8,296,534	14,862	566	5,803,299	10,402	396
Midwest	699,678	85	18,473	2,255	26.4	9,735,503	13,914	527	6,729,898	9,631	364
South	913,066	67	26,041	1,915	28.5	12,854,516	14,078	494	8,928,816	9,783	343
West	336,379	55	9,180	1,507	27.3	5,627,043	16,728	613	4,054,734	12,070	442
New England	175,770	90	4,564	2,347	26.0	2,646,847	15,059	580	1,864,895	10,614	409
Connecticut	48,163	105	1,309	2,846	27.2	755,140	15,679	577	531,523	11,037	406
Maine	16,632	72	388	1,686	23.3	232,637	13,987	599	156,260	9,400	402
Massachusetts	80,080	96	2,074	2,478	25.9	1,236,401	15,440	596	855,909	10,694	413
New Hampshire	14,797	73	385	1,908	26.0	212,803	14,382	553	156,865	10,602	408
Rhode Island	9,657	86	242	2,150	25.1	129,999	13,462	537	96,378	9,985	398
Vermont	6,441	62	166	1,612	25.7	79,867	12,400	482	67,960	10,553	410
Middle Atlantic	382,462	84	10,088	2,208	26.4	5,649,688	14,772	560	3,938,404	10,305	390
New Jersey	113,219	100	2,695	2,388	23.8	1,684,784	14,881	625	1,203,262	10,628	446
New York	150,551	73	4,229	2,054	28.1	2,264,726	15,043	536	1,612,362	10,719	381
Pennsylvania	118,692	86	3,164	2,290	26.7	1,700,178	14,324	537	1,122,780	9,470	355
East North Central	479,112	85	13,369	2,370	27.9	7,041,220	14,696	527	4,828,977	10,088	361
Illinois	146,303	91	3,942	2,459	26.9	2,242,930	15,331	569	1,430,543	9,783	363
Indiana	69,370	83	2,209	2,652	31.8	1,067,322	15,386	483	753,302	10,862	341
Michigan	82,736	69	2,338	1,940	28.3	1,191,061	14,396	509	849,230	10,289	363
Ohio	131,100	97	3,519	2,600	26.8	1,869,909	14,263	531	1,266,929	9,669	360
Wisconsin	49,603	77	1,361	2,109	27.4	669,997	13,507	492	528,973	10,677	389

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 2009**

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
West North Central	220,566	86	5,104	2,001	23.1	\$2,694,283	\$12,215	\$528	\$1,900,921	\$8,637	\$372
Iowa	39,507	89	750	1,690	19.0	404,325	10,234	539	300,967	7,620	401
Kansas	32,722	87	749	1,982	22.9	398,815	12,188	533	294,834	9,016	394
Minnesota	44,436	93	988	2,059	22.2	515,288	11,596	522	400,895	9,029	406
Missouri	62,704	80	1,687	2,152	26.9	894,095	14,259	530	544,741	8,745	323
Nebraska	22,285	92	532	2,193	23.9	283,718	12,731	533	206,833	9,282	389
North Dakota	8,533	86	174	1,763	20.4	87,533	10,258	503	63,216	7,408	363
South Dakota	10,379	84	225	1,813	21.7	110,508	10,647	492	89,434	8,618	398
South Atlantic	488,909	67	13,742	1,885	28.1	6,675,308	13,653	486	4,946,638	10,121	360
Delaware	8,512	62	246	1,795	28.9	113,222	13,301	460	97,852	11,496	397
District of Columbia	4,861	73	133	1,993	27.4	78,085	16,064	587	52,585	10,827	395
Florida	182,311	78	5,171	2,218	28.4	2,670,146	14,646	516	1,983,477	10,882	384
Georgia	53,142	53	1,525	1,525	28.7	687,015	12,928	451	512,477	9,647	336
Maryland	57,045	81	1,422	2,024	24.9	692,847	12,146	487	546,738	9,585	384
North Carolina	70,165	59	2,040	1,715	29.1	895,601	12,764	439	682,925	9,739	335
South Carolina	32,413	51	999	1,583	30.8	440,764	13,598	441	330,929	10,214	331
Virginia	62,096	66	1,708	1,806	27.5	849,933	13,687	498	578,549	9,319	339
West Virginia	18,364	64	498	1,735	27.1	247,695	13,488	497	161,107	8,783	324
East South Central	174,885	70	4,996	2,004	28.6	2,383,615	13,630	477	1,618,713	9,258	324
Alabama	40,885	64	1,080	1,688	26.4	454,710	11,122	421	351,611	8,604	326
Kentucky	46,480	75	1,271	2,045	27.3	635,042	13,663	500	417,951	8,993	329
Mississippi	30,224	69	917	2,083	30.3	503,814	16,669	549	297,613	9,850	325
Tennessee	57,296	72	1,729	2,182	30.2	790,048	13,789	457	551,538	9,628	319

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 2009**

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	249,272	65	7,303	1,914	29.3	\$3,795,594	\$15,227	\$520	\$2,363,464	\$9,487	\$324
Arkansas	29,576	66	724	1,618	24.5	398,717	13,481	551	227,321	7,692	314
Louisiana	35,254	68	1,068	2,069	30.3	583,859	16,562	547	318,165	9,029	298
Oklahoma	30,509	61	769	1,527	25.2	430,887	14,123	560	244,531	8,022	318
Texas	153,933	66	4,742	2,020	30.8	2,382,131	15,475	502	1,573,447	10,227	332
Mountain	101,250	51	2,627	1,335	25.9	1,456,733	14,387	555	1,026,267	10,150	391
Arizona	23,469	42	560	997	23.8	286,340	12,201	512	219,376	9,365	392
Colorado	25,902	66	674	1,717	26.0	389,013	15,019	577	273,813	10,596	406
Idaho	8,841	55	244	1,527	27.6	131,329	14,855	539	90,788	10,270	373
Montana	8,638	64	198	1,461	22.9	100,427	11,626	507	74,987	8,682	379
Nevada	10,184	43	294	1,241	28.9	161,363	15,845	549	125,258	12,306	426
New Mexico	8,757	39	248	1,105	28.3	145,412	16,605	586	87,247	9,986	352
Utah	10,950	59	299	1,623	27.3	178,727	16,322	597	112,783	10,311	377
Wyoming	4,509	61	110	1,499	24.4	64,122	14,221	583	42,016	9,320	382
Pacific	235,129	57	6,553	1,590	27.9	4,170,310	17,736	636	3,028,467	12,896	462
Alaska	1,160	19	29	468	24.8	25,682	22,140	892	15,602	13,450	542
California	176,774	61	4,984	1,727	28.2	3,299,527	18,665	662	2,348,903	13,300	471
Hawaii	3,430	29	98	817	28.6	66,829	19,484	681	41,069	12,333	418
Oregon	14,771	43	362	1,045	24.5	210,881	14,277	583	158,678	10,748	438
Washington	38,994	55	1,079	1,525	27.7	567,391	14,551	526	464,215	11,914	430
Outlying Areas <sup>5</sup>	1,725	3	39	61	22.7	21,609	12,527	551	13,332	7,733	340

<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 MEDPAR files: Medicare Provider Analysis and Review; 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 2009**

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>	1,705,864	49	1,064,090	39,355,544	1,123	37	\$5,269,144,569	\$150,371	\$4,952
United States	1,704,470	50	1,063,224	39,338,092	1,144	37	5,266,809,635	153,136	4,954
Northeast	377,356	58	238,186	8,151,994	1,252	34	1,091,279,527	167,538	4,582
Midwest	467,795	57	287,307	10,621,453	1,297	37	1,421,997,506	173,621	4,949
South	621,834	46	393,261	15,351,373	1,129	39	2,055,437,357	151,145	5,227
West	237,485	39	144,470	5,213,272	856	36	698,095,245	114,624	4,832
New England	120,269	62	74,191	2,515,488	1,294	34	336,746,594	173,202	4,539
Connecticut	33,002	72	20,987	731,970	1,591	35	97,985,539	213,004	4,669
Maine	11,966	52	7,022	191,705	832	27	25,644,876	111,359	3,652
Massachusetts	53,957	64	33,281	1,149,721	1,374	35	153,920,770	183,913	4,625
New Hampshire	10,265	51	6,143	219,556	1,089	36	29,405,520	145,869	4,787
Rhode Island	6,418	57	3,976	129,940	1,154	33	17,390,774	154,500	4,374
Vermont	4,661	45	2,782	92,596	900	33	12,399,115	120,539	4,457
Middle Atlantic	257,087	56	163,995	5,636,506	1,234	34	754,532,933	165,128	4,601
New Jersey	73,511	65	46,570	1,417,007	1,256	30	189,646,485	168,046	4,072
New York	103,274	50	65,994	2,427,473	1,179	37	324,973,088	157,822	4,924
Pennsylvania	80,302	58	51,431	1,792,026	1,297	35	239,913,360	173,633	4,665
East North Central	318,922	57	202,674	7,883,199	1,398	39	1,055,438,847	187,144	5,208
Illinois	93,665	58	59,158	2,357,663	1,471	40	315,629,844	196,882	5,335
Indiana	47,091	57	30,745	1,391,465	1,671	45	186,355,582	223,769	6,061
Michigan	55,938	46	36,229	1,356,365	1,126	37	181,603,828	150,718	5,013
Ohio	86,664	64	54,721	2,022,438	1,494	37	270,722,137	200,017	4,947
Wisconsin	35,564	55	21,821	755,268	1,170	35	101,127,456	156,705	4,634

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 2009**

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	148,873	58	84,633	2,738,254	1,074	32	\$366,558,659	\$143,718	\$4,331
Iowa	26,267	59	13,829	359,994	811	26	48,195,601	108,569	3,485
Kansas	21,585	57	12,507	408,308	1,081	33	54,654,335	144,684	4,370
Minnesota	31,684	66	17,484	482,262	1,006	28	64,561,978	134,620	3,693
Missouri	41,120	52	25,510	989,933	1,263	39	132,513,803	169,066	5,195
Nebraska	15,311	63	8,574	290,171	1,196	34	38,836,547	160,008	4,530
North Dakota	5,831	59	3,003	89,617	907	30	11,998,040	121,482	3,995
South Dakota	7,075	57	3,726	117,969	951	32	15,798,355	127,392	4,240
South Atlantic	337,531	46	215,319	7,886,812	1,082	37	1,055,965,897	144,838	4,904
Delaware	5,982	44	3,864	140,702	1,025	36	18,837,654	137,266	4,875
District of Columbia	3,377	51	2,154	75,596	1,133	35	10,124,422	151,709	4,700
Florida	123,756	53	79,356	2,999,911	1,287	38	401,614,624	172,285	5,061
Georgia	36,818	37	23,127	895,518	896	39	119,907,617	119,947	5,185
Maryland	37,840	54	23,811	771,162	1,098	32	103,244,689	146,938	4,336
North Carolina	50,259	42	32,271	1,168,786	983	36	156,522,880	131,601	4,850
South Carolina	23,517	37	15,090	591,286	937	39	79,162,704	125,504	5,246
Virginia	43,571	46	27,879	950,161	1,004	34	127,232,064	134,480	4,564
West Virginia	12,411	43	7,767	293,690	1,023	38	39,319,243	136,991	5,062
East South Central	118,933	48	72,971	2,971,452	1,192	41	397,908,771	159,585	5,453
Alabama	29,376	46	17,130	563,011	880	33	75,375,737	117,830	4,400
Kentucky	30,908	50	18,988	763,961	1,230	40	102,288,192	164,629	5,387
Mississippi	19,905	45	12,405	582,548	1,323	47	78,021,821	177,230	6,290
Tennessee	38,744	49	24,448	1,061,932	1,341	43	142,223,021	179,541	5,817

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 2009**

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	165,370	43	104,971	4,493,109	1,178	43	\$601,562,689	\$157,680	\$5,731
Arkansas	19,108	43	11,857	405,774	907	34	54,306,546	121,399	4,580
Louisiana	22,305	43	14,403	698,222	1,353	49	93,503,408	181,166	6,492
Oklahoma	20,840	41	12,552	435,575	865	35	58,325,078	115,775	4,647
Texas	103,117	44	66,159	2,953,538	1,258	45	395,427,657	168,421	5,977
Mountain	73,997	38	43,900	1,413,465	718	32	189,251,538	96,149	4,311
Arizona	17,313	31	10,571	274,786	490	26	36,782,981	65,534	3,480
Colorado	18,593	47	10,996	362,659	923	33	48,552,770	123,595	4,415
Idaho	6,575	41	3,848	137,818	864	36	18,452,264	115,685	4,795
Montana	6,287	46	3,459	102,770	758	30	13,762,264	101,516	3,979
Nevada	7,235	31	4,442	170,176	719	38	22,790,723	96,247	5,131
New Mexico	6,524	29	4,005	139,351	621	35	18,657,233	83,116	4,658
Utah	8,235	45	4,722	163,877	888	35	21,947,929	118,966	4,648
Wyoming	3,235	44	1,857	62,028	845	33	8,305,374	113,200	4,472
Pacific	163,488	40	100,570	3,799,807	922	38	508,843,707	123,446	5,060
Alaska	929	15	551	14,502	236	26	1,942,868	31,577	3,526
California	120,095	42	74,441	2,957,082	1,025	40	395,997,152	137,212	5,320
Hawaii	2,746	23	1,709	53,863	448	32	7,212,148	60,013	4,220
Oregon	11,270	33	6,669	177,115	511	27	23,715,561	68,489	3,556
Washington	28,448	40	17,200	597,245	844	35	79,975,978	112,959	4,650
Outlying Areas <sup>4</sup>	1,394	2	866	17,452	27	20	2,334,934	3,605	2,696

<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 MEDPAR files: Medicare Provider Analysis and Review; 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 2009**

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	1,705,864	2,509,080	68,384,760	27.3	40.1	\$36,535,206	\$14,561	\$21,417	\$534
1-8 Days	380,727	560,718	2,640,726	4.7	6.9	2,360,528	4,210	6,200	894
9-20 Days	527,475	752,013	10,826,905	14.4	20.5	7,200,096	9,574	13,650	665
21-40 Days	426,000	642,891	18,658,359	29.0	43.8	10,050,209	15,633	23,592	539
41-60 Days	183,189	284,649	14,088,590	49.5	76.9	6,879,716	24,169	37,555	488
61-80 Days	81,728	130,459	9,054,365	69.4	110.8	4,208,311	32,258	51,492	465
81 Days or More	106,745	138,350	13,115,815	94.8	122.9	5,836,346	42,185	54,676	445
<b>Aged</b>									
Total	1,564,507	2,289,750	62,527,955	27.3	40.0	33,356,672	14,568	21,321	533
1-8 Days	345,163	505,170	2,385,385	4.7	6.9	2,128,175	4,213	6,166	892
9-20 Days	482,267	684,480	9,849,534	14.4	20.4	6,555,443	9,577	13,593	666
21-40 Days	396,076	594,085	17,241,975	29.0	43.5	9,275,887	15,614	23,419	538
41-60 Days	169,749	262,273	12,981,456	49.5	76.5	6,326,923	24,123	37,272	487
61-80 Days	75,198	119,333	8,281,247	69.4	110.1	3,840,508	32,183	51,072	464
81 Days or More	96,054	124,409	11,788,358	94.8	122.7	5,229,737	42,037	54,446	444
<b>Disabled</b>									
Total	141,357	219,330	5,856,805	26.7	41.4	3,178,534	14,492	22,486	543
1-8 Days	35,564	55,548	255,341	4.6	7.2	232,354	4,183	6,533	910
9-20 Days	45,208	67,533	977,371	14.5	21.6	644,654	9,546	14,260	660
21-40 Days	29,924	48,806	1,416,384	29.0	47.3	774,322	15,865	25,876	547
41-60 Days	13,440	22,376	1,107,134	49.5	82.4	552,793	24,705	41,130	499
61-80 Days	6,530	11,126	773,118	69.5	118.4	367,803	33,058	56,325	476
81 Days or More	10,691	13,941	1,327,457	95.2	124.2	606,609	43,513	56,740	457

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 2009**

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	\$5,269,145	\$2,100	\$3,089	\$77	\$25,530,079	\$10,183	\$14,966	\$373
1-8 Days	64,085	114	168	24	1,188,445	2,122	3,122	450
9-20 Days	292,748	389	555	27	4,809,188	6,401	9,117	444
21-40 Days	1,218,898	1,896	2,861	65	7,394,349	11,510	17,358	396
41-60 Days	1,322,552	4,646	7,220	94	5,009,656	17,607	27,347	356
61-80 Days	955,493	7,324	11,691	106	3,010,393	23,085	36,834	332
81 Days or More	1,415,369	10,230	13,259	108	4,118,049	29,770	38,578	314
<b>Aged</b>								
Total	4,798,984	2,096	3,067	77	23,434,248	10,243	14,979	375
1-8 Days	56,823	112	165	24	1,083,380	2,147	3,139	454
9-20 Days	262,738	384	545	27	4,399,682	6,433	9,123	447
21-40 Days	1,119,346	1,884	2,826	65	6,857,538	11,551	17,314	398
41-60 Days	1,215,720	4,635	7,162	94	4,629,106	17,658	27,270	357
61-80 Days	872,477	7,311	11,602	105	2,759,942	23,138	36,702	333
81 Days or More	1,271,879	10,223	13,241	108	3,704,600	29,782	38,568	314
<b>Disabled</b>								
Total	470,161	2,144	3,326	80	2,095,831	9,565	14,827	358
1-8 Days	7,262	131	204	28	105,064	1,894	2,954	411
9-20 Days	30,009	444	664	31	409,506	6,071	9,058	419
21-40 Days	99,552	2,040	3,327	70	536,811	11,008	17,939	379
41-60 Days	106,832	4,774	7,949	96	380,550	17,014	28,315	344
61-80 Days	83,016	7,461	12,713	107	250,451	22,517	38,354	324
81 Days or More	143,490	10,293	13,422	108	413,449	29,661	38,673	311

<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 MEDPAR files: Medicare Provider Analysis and Review; 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 2009**

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>	---	2,509,080	100.0
Leading Diagnoses <sup>5</sup>	---	2,047,806	81.6
Infectious and Parasitic Diseases (MDC 1)	001-139	34,111	1.4
Septicemia	038	13,291	0.5
Other	---	20,820	0.8
Neoplasms (MDC 2)	140-239	53,486	2.1
Malignant Neoplasm of Colon	153	3,794	0.2
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	2,488	0.1
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	8,420	0.3
Malignant Neoplasm of Female Breast	174	2,487	0.1
Malignant Neoplasm of Prostate	185	2,707	0.1
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	2,518	0.1
Other	---	31,072	1.2
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	70,008	2.8
Diabetes	250	35,390	1.4
Nutritional Deficiencies	260-263	1,774	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	17,711	0.7
Other	---	15,133	0.6
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	21,052	0.8
Other and Unspecified Anemias	285	13,524	0.5
Other	---	7,528	0.3
Mental Disorders (MDC 5)	290-319	64,916	2.6
Senile and Prosenile Organic Psychotic Conditions	290	15,073	0.6
Other Organic Psychotic Conditions (Chronic)	294	22,066	0.9
Other Non-Organic Psychoses	298	4,365	0.2
Other	---	23,412	0.9
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	58,517	2.3
Other Cerebral Degenerations	331	18,836	0.8
Parkinson's Disease	332	10,310	0.4
Hemiplegia and Hemiparesis	342	1,727	0.1
Other	---	27,644	1.1

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 2009**

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
68,385	1,952	27	\$36,535,206	\$14,561	\$534	\$25,530,079	\$10,183	\$353
55,624	1,587	27	30,125,661	14,711	542	20,912,667	10,220	376
849	24	25	495,952	14,539	584	350,932	10,296	414
304	9	23	200,056	15,052	659	114,999	8,658	379
545	16	26	295,896	14,212	543	235,933	11,342	433
1,208	34	23	618,748	11,568	512	439,713	8,229	364
86	2	23	44,360	11,692	519	31,918	8,415	373
61	2	25	29,677	11,928	486	22,339	8,986	366
170	5	20	90,593	10,759	534	62,499	7,429	369
64	2	26	30,858	12,408	483	22,347	8,996	350
66	2	24	32,553	12,026	492	24,277	8,972	367
51	1	20	31,928	12,680	629	18,915	7,521	372
711	20	23	358,780	11,547	505	257,418	8,294	362
2,043	58	29	976,813	13,953	478	706,372	10,098	346
1,080	31	31	511,031	14,440	473	361,241	10,217	334
53	2	30	25,605	14,434	484	16,832	9,488	318
470	13	27	229,955	12,984	489	171,595	9,694	365
440	13	29	210,222	13,892	478	156,704	10,365	356
573	16	27	277,430	13,178	484	202,757	9,639	354
377	11	28	180,057	13,314	478	132,875	9,833	352
196	6	26	97,373	12,935	496	69,882	9,290	356
2,093	60	32	878,698	13,536	420	647,552	9,985	309
510	15	34	212,210	14,079	416	160,788	10,674	315
724	21	33	297,414	13,478	411	222,647	10,103	307
135	4	31	57,692	13,217	427	42,652	9,778	316
723	21	31	311,382	13,300	431	221,464	9,468	306
1,910	55	33	864,781	14,778	453	640,052	10,948	335
624	18	33	248,770	13,207	398	191,293	10,167	306
368	11	36	169,069	16,398	460	126,055	12,238	343
64	2	37	32,020	18,541	500	22,840	13,233	357
854	24	31	414,922	15,009	486	299,864	10,857	351

**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 2009**

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	360,729	14.4
Essential Hypertension	401	38,130	1.5
Acute Myocardial Infarction	410	14,697	0.6
Other Forms of Chronic Ischemic Heart Disease	414	20,979	0.8
Cardiac Dysrhythmia	427	33,467	1.3
Heart Failure	428	91,767	3.7
III-Defined Descriptions and Complication of Heart Disease	429	2,845	0.1
Intracranial Hemorrhage	431	2,639	0.1
Occlusion of Cerebral Arteries	434	15,193	0.6
Transient Cerebral Ischemia	435	8,302	0.3
Acute, But III-Defined, Cerebrovascular Disease	436	27,979	1.1
Other and III-Defined Cerebrovascular Disease	437	2,728	0.1
Late Effects of Cerebrovascular Disease	438	39,612	1.6
Atherosclerosis	440	1,694	0.1
Other Peripheral Vascular Disease	443	7,085	0.3
Venous Embolism and Thrombosis	453	9,507	0.4
Other	---	44,105	1.8
Diseases of the Respiratory System (MDC 8)	460-519	232,013	9.2
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	7,900	0.3
Pneumonia, Organism Unspecified	486	95,967	3.8
Chronic Bronchitis	491	15,965	0.6
Chronic Airway Obstruction	496	45,669	1.8
Pneumonitis Due to Solids and Liquids	507	13,445	0.5
Other Diseases of Lung	518	24,011	1.0
Other	---	29,056	1.2
Diseases of the Digestive System (MDC 9)	520-579	81,639	3.3
Intestinal Obstruction Without Mention of Hernia	560	9,783	0.4
Diverticula of Intestine	562	5,452	0.2
Gastrointestinal Hemorrhage	578	21,732	0.9
Other	---	44,672	1.8

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 2009**

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
10,494	299	29	\$5,152,807	\$14,284	\$491	\$3,796,145	\$10,533	\$362
1,197	34	31	555,836	14,577	464	420,593	11,045	351
364	10	25	181,380	12,341	498	133,786	9,107	367
534	15	26	262,990	12,536	492	195,744	9,346	366
916	26	27	444,444	13,280	485	334,825	10,012	366
2,351	67	26	1,156,521	12,603	492	834,940	9,107	355
85	2	30	39,036	13,721	461	28,960	10,186	342
89	3	34	46,296	17,543	522	34,161	12,949	385
500	14	33	261,646	17,222	523	192,068	12,657	384
245	7	30	118,533	14,278	485	90,317	10,884	369
1,000	29	36	485,137	17,339	485	362,363	12,961	362
93	3	34	43,236	15,849	467	33,319	12,232	360
1,414	40	36	697,720	17,614	493	519,188	13,121	367
44	1	26	23,580	13,920	537	15,453	9,122	352
207	6	29	98,430	13,893	476	71,088	10,039	344
273	8	29	135,663	14,270	496	95,216	10,018	348
1,182	34	27	602,358	13,657	510	434,125	9,850	367
5,897	168	25	3,190,423	13,751	541	2,133,594	9,203	362
181	5	23	113,080	14,314	623	66,441	8,416	366
2,431	69	25	1,242,802	12,950	511	896,091	9,344	369
343	10	22	207,844	13,019	606	127,425	7,990	371
1,223	35	27	581,296	12,728	475	420,075	9,205	344
343	10	26	184,525	13,724	538	123,515	9,202	360
650	19	27	490,195	20,415	754	237,397	9,897	365
726	21	25	370,682	12,757	511	262,651	9,046	362
2,086	60	26	1,025,877	12,566	492	760,575	9,324	365
246	7	25	120,703	12,338	491	90,820	9,287	369
135	4	25	69,711	12,786	516	50,929	9,350	377
582	17	27	270,412	12,443	464	207,571	9,556	357
1,123	32	25	565,051	12,649	503	411,255	9,216	366

**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 2009**

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	130,166	5.2
Chronic Renal Failure	585	21,320	0.8
Renal Failure, Unspecified	586	8,388	0.3
Other Disorders of Urethra and Urinary Tract	599	71,964	2.9
Other	---	28,494	1.1
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	50,876	2.0
Other Cellulitis and Abscess	682	32,856	1.3
Chronic Ulcer of Skin	707	15,330	0.6
Other	---	2,690	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	178,214	7.1
Osteoarthritis and Allied Disorders	715	39,755	1.6
Other and Unspecified Disorders of Joint	719	30,637	1.2
Other and Unspecified Disorders of Back	724	16,842	0.7
Disorders of Muscle, Ligament, and Fascia	728	51,531	2.1
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	7,727	0.3
Other Disorders of Bone and Cartilage	733	9,826	0.4
Other	---	21,896	0.9
Congenital Anomalies (MDC 14)	740-759	3,745	0.1
Other Ill Defined Conditions (MDC 16)	780-799	203,501	8.1
General Symptoms	780	85,214	3.4
Symptoms Involving Nervous and Musculoskeletal Systems	781	30,084	1.2
Symptoms Involving Cardiovascular System	785	4,014	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	16,206	0.6
Symptoms Involving Digestive System	787	13,291	0.5
Other	---	54,692	2.2
Injury and Poisoning (MDC 17)	800-999	176,365	7.0
Fracture, Vertebra without Mention of Spinal Cord Injury	805	10,542	0.4
Fracture, Pelvis	808	11,122	0.4
Fracture, Humerus	812	8,584	0.3
Fracture, Neck of Femur	820	52,805	2.1
Fracture, Other and Unspecified Parts of Femur	821	9,620	0.4
Fracture, Tibia, Fibula	823	4,940	0.2
Fracture of Ankle	824	6,467	0.3
Amputation of Leg(s)	897	3,653	0.1
Other	---	68,632	2.7

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 2009**

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
3,606	103	28	\$1,708,755	\$13,128	\$474	\$1,277,620	\$9,823	\$354
566	16	27	255,446	11,982	451	188,036	8,828	332
229	7	27	106,789	12,731	466	78,748	9,399	344
2,046	58	28	972,220	13,510	475	738,013	10,263	361
765	22	27	374,299	13,136	489	272,824	9,583	357
1,534	44	30	789,531	15,519	515	540,117	10,626	352
925	26	28	487,690	14,843	527	343,073	10,452	371
533	15	35	263,288	17,175	494	170,193	11,100	319
75	2	28	38,553	14,332	512	26,852	9,986	356
4,935	141	28	2,536,529	14,233	514	1,861,447	10,454	377
846	24	21	463,863	11,668	548	357,042	8,989	422
911	26	30	451,706	14,744	496	338,587	11,062	371
443	13	26	228,882	13,590	517	172,256	10,242	389
1,569	45	30	773,357	15,008	493	560,683	10,888	357
239	7	31	144,385	18,686	604	87,416	11,320	366
315	9	32	152,978	15,569	486	113,353	11,541	360
612	17	28	321,359	14,677	525	232,109	10,613	379
101	3	27	49,320	13,170	486	36,746	9,825	362
5,799	165	29	2,868,273	14,095	495	2,105,064	10,352	363
2,414	69	28	1,176,637	13,808	488	890,324	10,456	369
902	26	30	471,038	15,657	522	337,564	11,230	374
108	3	27	52,560	13,094	488	38,451	9,589	357
408	12	25	201,287	12,421	493	147,890	9,131	362
427	12	32	190,008	14,296	445	141,690	10,669	332
1,540	44	28	776,743	14,202	504	549,146	10,047	357
5,917	169	34	2,989,003	16,948	505	2,198,728	12,484	372
321	9	31	160,514	15,226	500	120,609	11,458	376
374	11	34	187,344	16,844	501	142,810	12,863	382
323	9	38	158,484	18,463	490	118,087	13,781	365
1,930	55	37	958,383	18,149	497	726,193	13,773	376
380	11	40	185,229	19,255	488	138,686	14,428	365
192	5	39	95,583	19,349	497	70,332	14,266	365
242	7	37	120,994	18,709	501	88,257	13,668	365
126	4	34	56,541	15,478	450	40,079	10,984	319
2,030	58	30	1,065,930	15,531	525	753,674	10,993	371

**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 2009**

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
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	786,809	31.4
Organ of Tissue Replaced by Other Means	V43	22,471	0.9
Orthopedic Aftercare	V54	110,774	4.4
Care Involving Use of Rehabilitation Procedures	V57	557,247	22.2
Encounter for Other and Unspecified Procedures and Aftercare	V58	55,664	2.2
Convalescence	V66	5,903	0.2
Other	---	34,750	1.4

<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 MEDPAR files: Medicare Provider Analysis and Review; 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 2009**

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
19,250	549	25	\$12,068,933	\$15,339	\$627	\$7,799,920	\$9,919	\$405
482	14	22	261,873	11,654	543	210,008	9,353	435
3,247	93	29	1,770,985	15,987	545	1,287,094	11,627	396
13,151	375	24	8,650,612	15,524	658	5,390,139	9,678	410
1,221	35	22	800,011	14,372	655	493,718	8,874	404
102	3	17	72,109	12,216	707	54,939	9,315	538
1,047	30	30	513,343	14,772	490	364,020	10,485	348

**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 2009**

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	15,071	2,388,496	100.0	67,224	100.0	28.1	\$24,405,819	100.0	\$10,227	\$363
1-49 Beds	2,295	267,609	11.2	5,287	7.9	19.8	1,906,260	7.8	7,127	361
50-99 Beds	5,431	576,944	24.2	16,946	25.2	29.4	6,046,784	24.8	10,487	357
100-149 Beds	4,849	874,293	36.6	25,805	38.4	29.5	9,275,153	38.0	10,620	359
150-199 Beds	1,617	392,177	16.4	11,281	16.8	28.8	4,174,502	17.1	10,655	370
200 Beds or More	879	277,473	11.6	7,904	11.8	28.5	3,003,120	12.3	10,831	380
<b>Hospital Based</b>										
Total	995	194,649	100.0	3,001	100.0	15.4	1,057,993	100.0	5,437	352
1-49 Beds	611	130,137	66.9	1,620	54.0	12.4	592,742	56.0	4,556	366
50-99 Beds	224	31,119	16.0	617	20.6	19.8	205,258	19.4	6,598	333
100-149 Beds	98	16,593	8.5	356	11.9	21.5	116,311	11.0	7,013	326
150-199 Beds	30	6,449	3.3	151	5.0	23.4	48,625	4.6	7,542	322
200 Beds or More	32	10,351	5.3	257	8.6	24.8	95,056	9.0	9,188	370
<b>Non-Hospital Based</b>										
Total	14,076	2,193,847	100.0	64,222	100.0	29.3	23,347,826	100.0	10,652	364
1-49 Beds	1,684	137,472	6.3	3,667	5.7	26.7	1,313,518	5.6	9,562	358
50-99 Beds	5,207	545,825	24.9	16,329	25.4	29.9	5,841,526	25.0	10,709	358
100-149 Beds	4,751	857,700	39.1	25,449	39.6	29.7	9,158,842	39.2	10,690	360
150-199 Beds	1,587	385,728	17.6	11,130	17.3	28.9	4,125,877	17.7	10,707	371
200 Beds or More	847	267,122	12.2	7,647	11.9	28.6	2,908,063	12.5	10,894	380
<b>Swing-Bed Hospitals<sup>3</sup></b>										
Total	545	120,584	100.0	1,161	100.0	9.6	1,124,260	100.0	9,324	968
1-49 Beds	307	102,344	84.9	1,019	87.8	10.0	1,077,124	95.8	10,525	1,057
50-99 Beds	238	18,240	15.1	142	12.2	7.8	47,137	4.2	2,584	331

<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 MEDPAR files: Medicare Provider Analysis and Review; 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 2009**

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD-9-CM Code	1998 Covered Admissions <sup>2</sup>			2003 Covered Admissions <sup>2</sup>			2009 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	2,336,359	25.4	\$6,496	2,509,080	27.3	\$10,183
Pneumonia, Organism Unspecified	486	89,866	21.2	5,278	110,329	23.2	5,866	95,967	25.3	9,344
Heart Failure	428	96,921	21.7	5,215	113,309	24.0	5,892	91,767	25.6	9,107
General Symptoms	780	43,210	24.0	5,861	73,259	26.6	6,842	85,214	28.3	10,456
Other Disorders of Urethra and Urinary Tract	599	40,642	24.7	6,009	61,330	26.3	6,517	71,964	28.4	10,263
Fracture of Neck of Femur	820	133,347	28.9	7,021	108,238	34.2	9,021	52,805	36.5	13,773
Disorders of Muscle, Ligament, and Fascia	728	7,998	23.6	6,070	18,800	29.8	7,528	51,531	30.4	10,888
Chronic Airway Obstruction, Not Elsewhere Classified	496	42,300	24.4	5,619	48,291	25.6	6,079	45,669	26.8	9,205
Osteoarthritis and Allied Disorders	715	54,851	14.5	4,360	49,512	19.3	5,616	39,755	21.3	8,989
Late Effects of Cerebrovascular Disease	438	17,242	31.2	7,068	40,601	33.0	8,912	39,612	35.7	13,121
Essential Hypertension	401	22,580	29.1	6,661	34,874	29.7	7,356	38,130	31.4	11,045

<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 2009; 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 MEDPAR files: Medicare Provider Analysis and Review; 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 2009**

State of Provider	Total Days	RUG-III Rehabilitation Groups					Low
		Total	Ultra High	Very High	High	Medium	
United States <sup>2</sup>	69,760,125	62,014,175	26,240,442	17,217,662	6,081,600	12,379,549	94,922
Alabama	1,093,196	957,360	467,271	247,431	76,586	164,850	1,222
Alaska	19,635	14,339	837	1,767	2,549	9,122	64
Arizona	608,109	520,293	209,607	169,531	45,880	95,078	197
Arkansas	706,517	622,358	236,304	184,570	65,505	135,514	465
California	5,132,151	4,480,180	2,443,494	1,122,020	308,293	599,044	7,329
Colorado	678,820	627,520	289,122	193,246	52,431	92,001	720
Connecticut	1,366,144	1,144,934	401,119	362,080	91,652	288,329	1,754
Delaware	244,845	227,485	122,549	58,842	14,140	31,912	42
District of Columbia	78,586	69,717	20,772	19,653	8,472	20,814	6
Florida	5,332,274	4,970,350	3,259,225	961,452	219,728	526,747	3,198
Georgia	1,541,162	1,299,527	470,700	365,623	150,637	306,696	5,871
Hawaii	94,460	80,478	35,615	19,707	7,802	17,260	94
Idaho	254,715	226,108	98,792	58,233	20,171	47,632	1,280
Illinois	3,928,470	3,647,473	1,398,253	1,139,661	402,438	698,028	9,093
Indiana	2,280,679	2,095,836	836,150	620,002	248,828	387,771	3,085
Iowa	683,002	608,416	89,083	157,391	124,946	234,921	2,075
Kansas	697,272	630,615	175,467	200,336	111,786	140,903	2,123
Kentucky	1,264,690	1,107,768	417,864	316,214	111,698	259,270	2,722
Louisiana	1,071,948	973,314	343,922	323,174	133,368	171,798	1,052
Maine	377,006	342,564	158,430	103,632	23,921	55,886	695
Maryland	1,504,358	1,331,569	632,370	377,480	88,395	232,809	515
Massachusetts	2,204,929	1,856,557	872,837	509,041	125,692	347,951	1,036
Michigan	2,464,346	2,245,552	1,011,021	661,261	192,868	376,505	3,897
Minnesota	1,064,712	914,756	208,459	301,177	134,412	270,342	366
Mississippi	875,332	787,094	327,586	209,895	105,750	142,410	1,453
Missouri	1,721,445	1,554,127	420,124	541,305	219,713	370,627	2,358
Montana	180,899	156,288	25,988	38,780	29,609	60,773	1,138
Nebraska	509,026	452,258	120,630	124,219	71,540	134,776	1,093
Nevada	297,485	264,057	141,218	63,700	17,811	40,846	482
New Hampshire	364,447	316,411	167,558	76,828	21,589	48,854	1,582

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 2009**

Total	Other Major RUG-III Groups							Case-Mix Index <sup>1</sup>	
	Extensive	Special	Clinically	Cognitively	Behavior	Reduced	Not	Nursing	Therapy
	Care	Care	Complex	Impaired	Problems	Physical	Otherwise		
				Only	Function	Classified			
7,745,950	2,432,735	1,683,613	1,720,350	119,772	14,148	410,012	1,365,302	1.20	1.59
135,836	38,541	29,085	32,774	1,966	57	8,696	24,717	1.20	1.67
5,296	2,297	1,548	1,017	0	(3)	392	33	1.25	0.96
87,816	13,623	11,841	8,748	446	45	1,860	51,253	1.15	1.59
84,159	43,624	17,537	12,957	2,513	201	5,515	1,812	1.20	1.54
651,971	187,871	132,492	133,886	11,263	2,132	31,800	152,527	1.22	1.75
51,300	10,359	9,819	16,476	1,382	106	3,512	9,646	1.18	1.66
221,210	57,109	40,251	82,154	3,521	185	13,998	23,992	1.24	1.50
17,360	6,315	3,892	5,300	287	0	1,224	342	1.18	1.74
8,869	4,690	2,497	1,102	95	0	209	276	1.22	1.41
361,924	94,315	89,851	84,077	2,739	199	11,518	79,225	1.24	1.87
241,635	80,273	51,173	42,838	4,977	163	11,104	51,107	1.20	1.50
13,982	5,704	4,388	2,539	0	0	281	1,070	1.19	1.60
28,607	7,337	4,530	6,039	455	42	2,358	7,846	1.18	1.59
280,997	120,872	69,691	60,068	5,081	1,420	16,822	7,043	1.20	1.56
184,843	53,151	32,091	38,985	3,982	193	16,657	39,784	1.17	1.57
74,586	31,077	19,195	15,620	1,700	36	5,418	1,540	1.25	1.19
66,657	22,784	13,915	16,430	2,228	520	6,020	4,760	1.16	1.41
156,922	62,881	33,496	32,010	1,902	40	9,464	17,129	1.22	1.53
98,634	45,309	26,878	14,083	2,403	373	4,158	5,430	1.12	1.53
34,442	9,578	6,526	8,487	75	(3)	1,509	8,266	1.18	1.66
172,789	60,025	42,161	45,771	1,108	41	5,643	18,040	1.24	1.67
348,372	76,810	58,181	101,771	7,551	1,074	21,335	81,650	1.21	1.65
218,794	66,070	47,267	56,924	2,878	74	9,313	36,268	1.18	1.64
149,956	31,143	23,891	26,375	1,460	188	9,195	57,704	1.20	1.34
88,238	28,844	21,179	20,413	3,792	464	10,911	2,635	1.13	1.58
167,318	48,895	32,572	33,789	6,388	2,093	14,351	29,230	1.17	1.42
24,611	8,996	6,297	5,903	409	65	1,432	1,509	1.21	1.20
56,768	18,885	13,333	13,584	1,265	132	4,503	5,066	1.21	1.37
33,428	9,335	5,568	5,355	126	22	710	12,312	1.16	1.73
48,036	9,763	8,377	18,313	1,173	32	2,640	7,738	1.16	1.72

**Table 6.9**  
**Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,**  
**and Major RUG-III Groups: Calendar Year 2009**

State of Provider	Total Days	RUG-III Rehabilitation Groups					
		Total	Ultra High	Very High	High	Medium	Low
New Jersey	2,729,525	2,491,353	1,327,693	532,955	131,184	497,595	1,926
New Mexico	242,830	221,058	102,230	55,681	19,452	43,309	386
New York	4,251,228	3,553,751	902,777	832,586	651,380	1,154,436	12,572
North Carolina	2,111,304	1,830,278	687,276	567,162	177,005	397,394	1,441
North Dakota	150,839	114,932	18,768	17,966	25,814	52,078	306
Ohio	3,752,316	3,416,905	1,529,483	962,604	257,737	664,783	2,298
Oklahoma	732,906	647,955	211,534	210,325	95,569	129,237	1,290
Oregon	380,991	342,770	110,359	111,487	29,032	91,722	170
Pennsylvania	3,320,119	2,950,612	1,184,929	857,571	288,416	615,931	3,765
Rhode Island	265,910	221,153	99,928	63,887	17,324	39,963	51
South Carolina	995,372	878,175	360,626	244,551	88,807	182,978	1,213
South Dakota	201,790	174,747	40,814	49,481	31,397	52,676	379
Tennessee	1,849,301	1,578,810	689,736	438,655	133,602	314,996	1,821
Texas	4,797,220	4,320,826	1,806,613	1,314,031	460,233	735,062	4,887
Utah	325,527	304,575	154,372	90,462	19,063	40,267	411
Vermont	156,889	135,024	39,936	40,575	13,717	40,380	416
Virginia	1,753,142	1,551,886	557,515	483,067	144,884	365,399	1,021
Washington	1,096,114	979,381	396,497	280,907	76,843	224,105	1,029
West Virginia	457,121	401,479	169,319	90,093	45,587	96,357	123
Wisconsin	1,452,189	1,292,401	426,231	423,089	133,967	306,954	2,160
Wyoming	96,832	80,800	21,439	22,276	12,377	24,458	250

<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 residents 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).

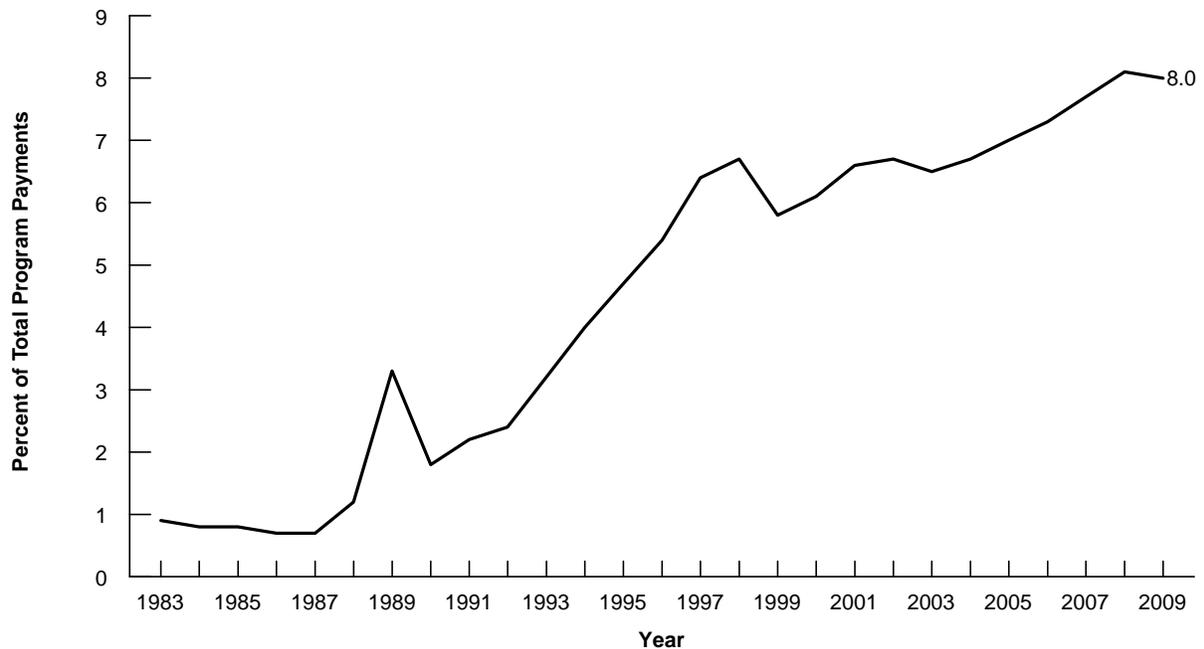
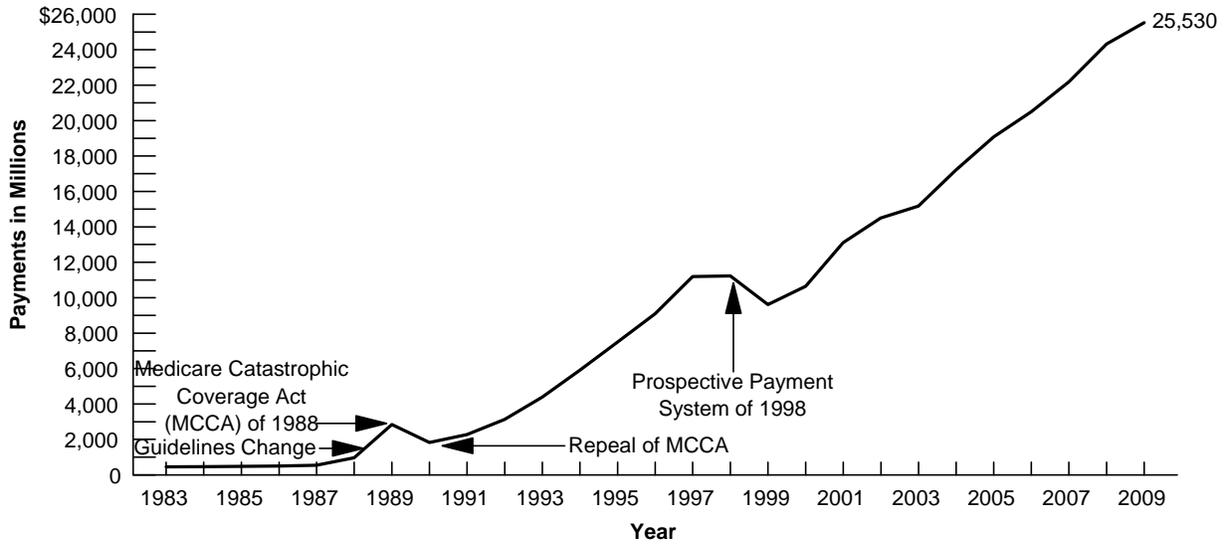
SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the MEDPAR files: Medicare Provider Analysis and Review; data development by the Office of Research, Development, and Information.

**Table 6.9--Continued**  
**Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,**  
**and Major RUG-III Groups: Calendar Year 2009**

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
238,172	99,844	69,440	54,216	1,468	248	8,285	4,671	1.28	1.70
21,772	6,183	4,911	5,001	344	60	1,814	3,459	1.19	1.63
697,477	264,907	176,291	147,626	2,773	306	14,765	90,809	1.21	1.33
281,026	90,412	60,663	63,183	2,060	101	13,614	50,993	1.18	1.54
35,907	15,223	9,543	7,529	483	41	2,260	828	1.22	1.15
335,411	97,671	69,452	56,881	4,026	401	8,659	98,321	1.23	1.63
84,951	31,171	21,367	22,289	2,198	493	6,409	1,024	1.13	1.49
38,221	6,984	6,384	5,103	115	40	1,652	17,943	1.23	1.47
369,507	92,241	76,325	63,787	2,971	259	19,691	114,233	1.22	1.57
44,757	8,573	5,751	7,988	459	84	1,052	20,850	1.16	1.64
117,197	37,392	28,874	32,658	1,374	66	5,239	11,594	1.18	1.57
27,043	10,972	6,322	5,391	334	(3)	1,837	2,179	1.19	1.33
270,491	83,227	45,302	53,413	4,657	318	19,199	64,375	1.21	1.61
476,394	153,022	118,426	132,645	15,690	1,176	41,284	14,151	1.16	1.60
20,952	4,179	2,821	3,533	196	26	633	9,564	1.19	1.72
21,865	6,360	4,796	6,435	507	107	2,168	1,492	1.22	1.42
201,256	74,542	49,940	39,360	2,031	128	8,111	27,144	1.21	1.52
116,733	32,306	25,373	29,717	2,064	194	9,755	17,324	1.25	1.57
55,642	20,100	11,064	8,668	855	11	2,397	12,547	1.21	1.56
159,788	36,077	27,363	26,010	1,554	178	7,386	61,220	1.20	1.48
16,032	4,873	3,683	5,129	448	14	1,254	631	1.17	1.36

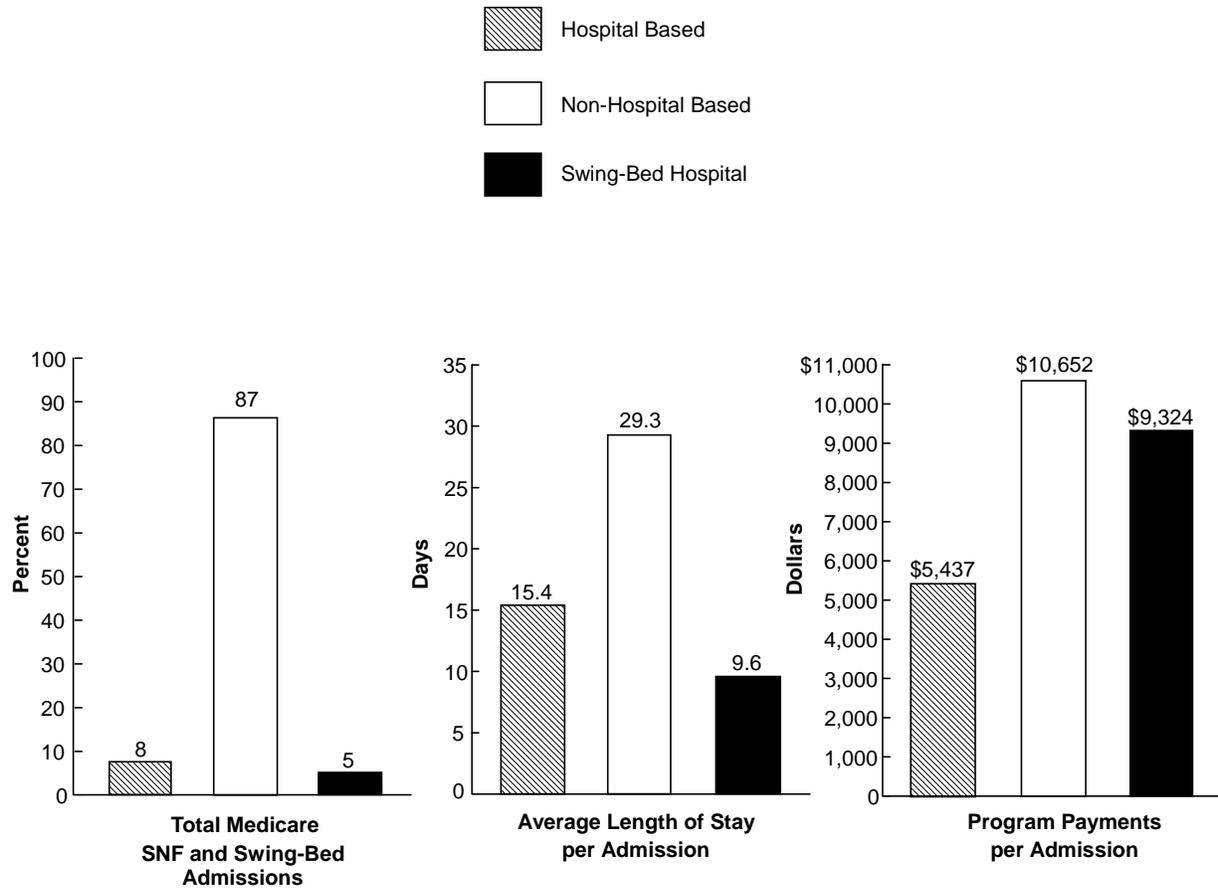
# Figure 6.1

## Growth in Medicare Skilled Nursing Facility Program Payments: Calendar Years 1983-2009



SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the MEDPAR files: Medicare Provider Analysis and Review; data development by the Office of Research, Development, and Information.

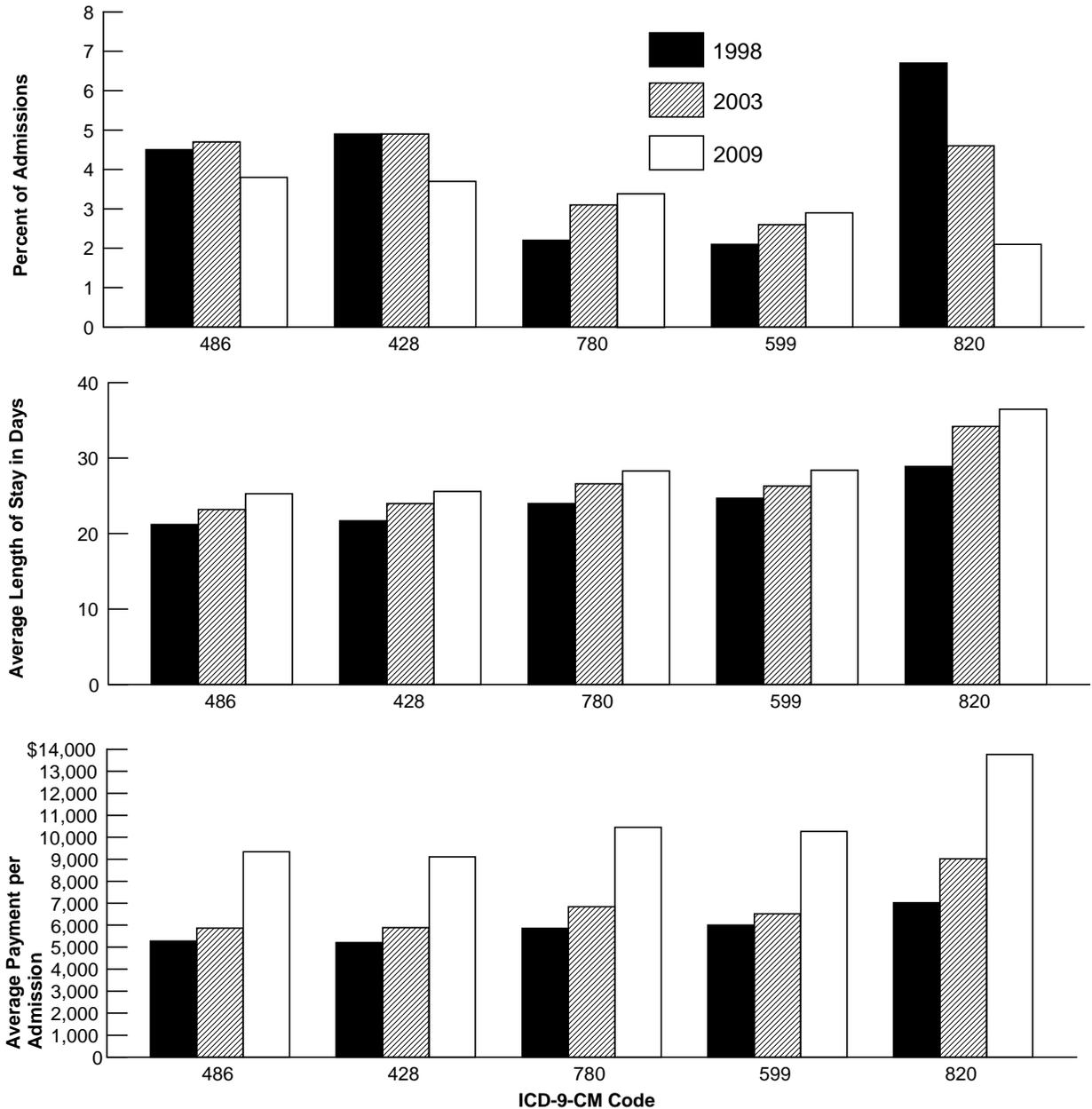
## Figure 6.2 Medicare Skilled Nursing Facility (SNF) Utilization, by Type of Facility: Calendar Year 2009



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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the MEDPAR files: Medicare Provider Analysis and Review; 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 2009**



NOTES: ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). ICD-9-CM codes for principal diagnoses are: pneumonia, organism unspecified, 486; heart failure, 428; 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 MEDPAR files: Medicare Provider Analysis and Review; 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 Cognitively		2 Levels	Nursing Rehabilitation (Activity Count) (4 Groups)
Behavior Problems Only		2 Levels	Nursing Rehabilitation (Activity Count) (4 Groups)
Reduced Physical Function		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).