

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 1967-2010

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 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
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
2010	68,928	1,938	38,497	559	331,129	27,454	71.3	8.3	772	398

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 1967-2010

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 Day		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
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
2010	62,745	2,167	34,996	558	267,696	25,082	71.7	9.4	866	400

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 1967-2010

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 Day		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
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
2010	6,183	934	3,501	566	63,434	2,372	67.8	3.7	358	384

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 MEDPAR files: Medicare Provider Analysis and Review; data development by the Center for Strategic Planning.

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 2010

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	2,542,541	71	68,928	1,938	27	\$38,497,309	\$15,141	559	\$27,454,045	71	10,808	398
Age												
Under 65 Years	224,386	34	5,981	904	27	3,387,084	15,095	566	2,297,253	68	10,250	384
65-69 Years	250,831	28	6,385	713	25	3,680,758	14,674	576	2,513,341	68	10,031	394
70-74 Years	265,160	41	6,625	1,015	25	3,924,124	14,799	592	2,682,520	68	10,126	405
75-79 Years	365,322	72	9,430	1,855	26	5,422,394	14,843	575	3,801,153	70	10,414	403
80-84 Years	497,650	122	13,474	3,292	27	7,581,292	15,234	563	5,416,299	71	10,894	402
85 Years or Over	939,192	219	27,032	6,297	29	14,501,657	15,441	536	10,743,479	74	11,450	397
Sex												
Male	944,191	58	24,593	1,521	26	13,918,205	14,741	566	9,868,992	71	10,463	401
Female	1,598,350	82	44,335	2,285	28	24,579,104	15,378	554	17,585,054	72	11,012	397
Race⁴												
White	2,167,738	73	58,055	1,957	27	32,526,554	15,005	560	23,145,653	71	10,687	399
Other	369,141	64	10,720	1,847	29	5,883,020	15,937	549	4,245,816	72	11,517	396
Type of Entitlement												
Aged ⁵	2,310,493	80	62,745	2,167	27	34,996,201	15,147	558	25,081,985	72	10,866	400
Disabled ⁶	232,048	35	6,183	934	27	3,501,108	15,088	566	2,372,060	68	10,234	384
Discharge Status												
Alive	2,445,245	----	67,091	----	27	37,551,610	15,357	560	26,764,033	71	10,956	399
Dead	97,296	----	1,837	----	19	945,698	9,720	515	690,012	73	7,101	376

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.
 --- 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 Center for Strategic Planning.

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 2010

Area of Residence	Covered Admissions ¹		Covered Days of Care			Covered Charges			Program Payments		
	Number	Per 1,000 HI Enrollees ²	Number in Thousands	Per 1,000 HI Enrollees ²	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
All Areas ⁴	2,542,541	71	68,928	1,938	27.1	\$38,497,309	\$15,141	\$559	\$27,454,045	\$10,808	\$398
United States	2,540,694	73	68,888	1,972	27.1	38,474,639	15,143	559	27,439,911	10,811	398
Northeast	556,098	84	14,469	2,196	26.0	8,664,011	15,580	599	6,124,606	11,021	423
Midwest	700,979	84	18,411	2,215	26.3	10,108,739	14,421	549	7,141,603	10,201	388
South	934,791	68	26,526	1,923	28.4	13,677,734	14,632	516	9,674,085	10,356	365
West	348,826	56	9,483	1,519	27.2	6,024,155	17,270	635	4,499,617	12,920	475
New England	175,964	89	4,475	2,265	25.4	2,746,654	15,609	614	1,953,174	11,105	436
Connecticut	48,443	105	1,250	2,715	25.8	763,064	15,752	610	540,283	11,157	432
Maine	15,774	69	368	1,599	23.3	229,731	14,564	624	156,059	9,899	424
Massachusetts	80,521	94	2,046	2,391	25.4	1,292,780	16,055	632	905,645	11,254	443
New Hampshire	14,791	72	395	1,921	26.7	232,025	15,687	588	171,224	11,578	434
Rhode Island	9,947	85	251	2,135	25.2	143,100	14,386	571	107,017	10,765	427
Vermont	6,488	61	165	1,556	25.4	85,954	13,248	521	72,946	11,248	442
Middle Atlantic	380,134	82	9,994	2,166	26.3	5,917,357	15,567	592	4,171,432	10,982	417
New Jersey	113,972	100	2,758	2,412	24.2	1,868,895	16,398	678	1,280,984	11,243	464
New York	147,187	71	4,052	1,967	27.5	2,260,162	15,356	558	1,687,582	11,472	417
Pennsylvania	118,975	84	3,184	2,256	26.8	1,788,300	15,031	562	1,202,866	10,124	378
East North Central	481,136	84	13,359	2,319	27.8	7,305,505	15,184	547	5,126,375	10,669	384
Illinois	147,185	90	3,989	2,437	27.1	2,353,636	15,991	590	1,559,820	10,603	391
Indiana	69,921	83	2,229	2,649	31.9	1,097,151	15,691	492	811,368	11,611	364
Michigan	93,831	68	2,603	1,887	27.7	1,392,262	14,838	535	995,036	10,646	382
Ohio	122,318	97	3,258	2,587	26.6	1,801,929	14,732	553	1,233,107	10,089	378
Wisconsin	47,881	74	1,279	1,987	26.7	660,529	13,795	516	527,044	11,022	412

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 2010

Area of Residence	Covered Admissions ¹		Covered Days of Care			Covered Charges			Program Payments		
	Number	Per 1,000 HI Enrollees ²	Number in Thousands	Per 1,000 HI Enrollees ²	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
West North Central	219,843	86	5,052	1,981	23.0	\$2,803,233	\$12,751	\$555	\$2,015,228	\$9,177	\$399
Iowa	38,254	85	745	1,662	19.5	415,742	10,868	558	319,680	8,368	429
Kansas	32,862	86	762	1,985	23.2	429,149	13,059	563	320,051	9,753	420
Minnesota	44,978	98	978	2,139	21.8	529,106	11,764	541	422,675	9,408	432
Missouri	62,488	79	1,626	2,056	26.0	915,485	14,651	563	564,750	9,049	347
Nebraska	22,604	92	537	2,189	23.7	302,644	13,389	564	222,826	9,863	415
North Dakota	8,396	84	176	1,764	20.9	91,038	10,843	518	67,273	8,019	383
South Dakota	10,261	82	228	1,820	22.2	120,069	11,702	526	97,973	9,551	430
South Atlantic	501,914	68	14,085	1,911	28.1	7,135,202	14,216	507	5,359,990	10,685	381
Delaware	9,137	64	264	1,843	28.9	132,220	14,471	501	111,129	12,163	421
District of Columbia	5,216	76	144	2,100	27.6	86,739	16,629	603	61,576	11,812	428
Florida	187,538	80	5,331	2,269	28.4	2,876,305	15,337	540	2,156,069	11,501	404
Georgia	52,699	55	1,492	1,554	28.3	686,529	13,027	460	528,536	10,039	354
Maryland	56,562	79	1,436	1,998	25.4	727,642	12,864	507	585,864	10,360	408
North Carolina	73,593	60	2,115	1,728	28.7	968,192	13,156	458	753,582	10,249	356
South Carolina	34,373	53	1,035	1,604	30.1	482,103	14,026	466	360,369	10,488	348
Virginia	64,246	66	1,773	1,832	27.6	916,568	14,267	517	634,720	9,886	358
West Virginia	18,550	63	495	1,682	26.7	258,904	13,957	523	168,144	9,080	339
East South Central	177,560	70	5,089	2,010	28.7	2,528,559	14,241	497	1,758,671	9,911	346
Alabama	41,831	64	1,090	1,655	26.1	472,309	11,291	433	371,952	8,899	341
Kentucky	47,157	75	1,291	2,053	27.4	683,204	14,488	529	450,243	9,552	349
Mississippi	30,670	68	943	2,103	30.8	545,691	17,792	578	332,958	10,865	353
Tennessee	57,902	73	1,764	2,218	30.5	827,355	14,289	469	603,518	10,428	342

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 2010

Area of Residence	Covered Admissions ¹		Covered Days of Care			Covered Charges			Program Payments		
	Number	Per 1,000 HI Enrollees ²	Number in Thousands	Per 1,000 HI Enrollees ²	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
West South Central	255,317	66	7,352	1,891	28.8	\$4,013,973	\$15,722	\$546	\$2,555,424	\$10,019	\$348
Arkansas	29,669	65	735	1,616	24.8	424,122	14,295	577	245,575	8,289	334
Louisiana	35,333	68	1,075	2,063	30.4	591,804	16,749	550	346,586	9,814	322
Oklahoma	31,116	61	785	1,535	25.2	452,960	14,557	577	270,167	8,697	344
Texas	159,199	66	4,757	1,982	29.9	2,545,088	15,987	535	1,693,097	10,646	356
Mountain	105,187	52	2,681	1,319	25.5	1,560,869	14,839	582	1,128,681	10,743	421
Arizona	25,381	43	598	1,020	23.6	324,217	12,774	542	252,844	9,977	423
Colorado	26,415	65	677	1,663	25.6	413,406	15,650	611	296,144	11,226	437
Idaho	8,767	54	235	1,445	26.8	134,208	15,308	571	92,792	10,593	395
Montana	8,782	63	201	1,452	22.9	107,008	12,185	531	80,925	9,219	402
Nevada	11,071	45	315	1,271	28.4	181,729	16,415	577	143,694	12,991	456
New Mexico	9,119	40	251	1,091	27.5	153,457	16,828	611	94,673	10,405	377
Utah	11,181	60	296	1,600	26.5	180,838	16,174	611	122,528	10,966	414
Wyoming	4,471	60	107	1,437	24.0	66,004	14,763	616	45,080	10,083	421
Pacific	243,639	58	6,802	1,615	27.9	4,463,286	18,319	656	3,370,936	13,861	496
Alaska	1,229	19	31	476	25.1	28,124	22,884	910	20,023	16,305	648
California	184,255	63	5,211	1,771	28.3	3,529,190	19,154	677	2,639,123	14,341	506
Hawaii	3,384	28	101	841	29.8	71,223	21,047	706	44,348	13,608	440
Oregon	15,143	42	369	1,030	24.4	230,219	15,203	623	167,579	11,076	454
Washington	39,628	55	1,090	1,501	27.5	604,530	15,255	555	499,862	12,634	459
Outlying Areas ⁵	1,847	3	40	63	21.6	22,670	12,274	568	14,134	7,661	354

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 MEDPAR files: Medicare Provider Analysis and Review; data development by the Center for Strategic Planning.

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 2010

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	With Coinsurance	Amount	Per 1,000 HI Enrollees ²	Per Person With Coinsurance
All Areas ³	1,734,507	49	1,083,374	39,266,879	1,104	36	\$5,414,105,306	\$152,200	\$4,997
United States	1,733,002	50	1,082,766	39,249,545	1,123	36	5,411,716,463	154,903	4,998
Northeast	377,495	57	238,012	7,952,125	1,207	33	1,096,316,152	166,364	4,606
Midwest	471,820	57	292,070	10,444,217	1,257	36	1,439,980,666	173,253	4,930
South	637,627	46	402,907	15,514,923	1,125	39	2,139,286,805	155,117	5,310
West	246,060	39	149,777	5,338,280	855	36	736,132,840	117,907	4,915
New England	120,533	61	72,375	2,416,123	1,223	33	333,085,677	168,621	4,602
Connecticut	33,124	72	20,485	671,799	1,459	33	92,616,619	201,107	4,521
Maine	11,423	50	6,246	180,352	783	29	24,852,557	107,930	3,979
Massachusetts	54,407	64	32,723	1,113,340	1,301	34	153,486,564	179,368	4,690
New Hampshire	10,246	50	6,112	225,266	1,096	37	31,060,815	151,152	5,082
Rhode Island	6,659	57	4,196	133,913	1,141	32	18,459,239	157,282	4,399
Vermont	4,674	44	2,613	91,453	863	35	12,609,883	118,981	4,826
Middle Atlantic	256,962	56	165,637	5,536,002	1,200	33	763,230,475	165,398	4,608
New Jersey	74,509	65	46,606	1,459,510	1,276	31	201,178,286	175,922	4,317
New York	101,962	50	67,005	2,273,793	1,104	34	313,516,434	152,222	4,679
Pennsylvania	80,491	57	52,026	1,802,699	1,277	35	248,535,755	176,101	4,777
East North Central	322,401	56	209,969	7,780,335	1,350	37	1,072,759,962	186,208	5,109
Illinois	94,718	58	60,802	2,373,880	1,450	39	327,306,819	199,980	5,383
Indiana	47,475	56	32,522	1,397,417	1,661	43	192,728,091	229,065	5,926
Michigan	64,324	47	42,738	1,470,790	1,066	34	202,782,371	146,984	4,745
Ohio	81,127	64	52,666	1,846,509	1,466	35	254,566,111	202,101	4,834
Wisconsin	34,757	54	21,241	691,739	1,074	33	95,376,570	148,147	4,490

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 2010

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	With Coinsurance	Amount	Per 1,000 HI Enrollees ²	Per Person With Coinsurance
West North Central	149,419	59	82,101	2,663,882	1,045	32	\$367,220,704	\$143,988	\$4,473
Iowa	25,782	58	12,569	357,440	798	28	49,270,078	109,939	3,920
Kansas	21,789	57	12,227	416,786	1,085	34	57,453,857	149,579	4,699
Minnesota	32,115	70	16,514	464,632	1,016	28	64,052,268	140,068	3,879
Missouri	41,147	52	25,701	928,388	1,174	36	127,981,975	161,861	4,980
Nebraska	15,685	64	8,634	286,951	1,171	33	39,553,236	161,343	4,581
North Dakota	5,812	58	2,810	89,091	895	32	12,282,259	123,321	4,371
South Dakota	7,089	57	3,646	120,594	962	33	16,627,031	132,642	4,560
South Atlantic	347,086	47	222,714	8,051,218	1,092	36	1,110,130,781	150,585	4,985
Delaware	6,358	44	4,318	149,770	1,046	35	20,652,570	144,304	4,783
District of Columbia	3,642	53	2,328	80,908	1,182	35	11,154,978	162,939	4,792
Florida	127,362	54	83,639	3,098,420	1,319	37	427,194,318	181,801	5,108
Georgia	36,252	38	22,638	866,473	903	38	119,465,160	124,435	5,277
Maryland	38,175	53	24,119	777,803	1,082	32	107,235,331	149,217	4,446
North Carolina	52,753	43	33,433	1,198,833	980	36	165,331,692	135,087	4,945
South Carolina	24,679	38	15,513	609,279	944	39	84,003,450	130,170	5,415
Virginia	45,172	47	29,216	983,729	1,016	34	135,660,171	140,107	4,643
West Virginia	12,693	43	7,510	286,003	971	38	39,433,111	133,875	5,251
East South Central	121,414	48	71,609	3,007,362	1,188	42	414,739,435	163,835	5,792
Alabama	30,184	46	15,313	557,327	846	36	76,852,799	116,680	5,019
Kentucky	31,572	50	18,511	768,789	1,223	42	106,022,216	168,626	5,728
Mississippi	20,492	46	12,692	597,397	1,332	47	82,388,031	183,635	6,491
Tennessee	39,166	49	25,093	1,083,849	1,363	43	149,476,389	187,928	5,957

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 2010

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	With Coinsurance	Amount	Per 1,000 HI Enrollees ²	Per Person With Coinsurance
West South Central	169,127	44	108,584	4,456,343	1,146	41	\$614,416,589	\$158,033	\$5,658
Arkansas	19,380	43	11,824	409,302	900	35	56,409,661	124,038	4,771
Louisiana	21,953	42	14,431	707,170	1,356	49	97,523,302	187,046	6,758
Oklahoma	21,194	41	12,361	441,627	863	36	60,889,764	119,044	4,926
Texas	106,600	44	69,968	2,898,244	1,207	41	399,593,862	166,479	5,711
Mountain	77,020	38	43,958	1,409,049	693	32	194,285,610	95,620	4,420
Arizona	18,649	32	10,631	287,046	490	27	39,575,584	67,519	3,723
Colorado	19,047	47	11,013	356,982	877	32	49,215,888	120,921	4,469
Idaho	6,566	40	3,671	129,668	797	35	17,883,606	109,908	4,872
Montana	6,348	46	3,192	104,105	751	33	14,353,636	103,522	4,497
Nevada	7,858	32	5,065	180,471	729	36	24,883,351	100,503	4,913
New Mexico	6,864	30	4,070	135,707	590	33	18,712,815	81,309	4,598
Utah	8,473	46	4,712	155,398	840	33	21,431,445	115,826	4,548
Wyoming	3,215	43	1,604	59,672	800	37	8,229,285	110,354	5,130
Pacific	169,040	40	105,819	3,929,231	933	37	541,847,230	128,659	5,121
Alaska	989	15	503	15,766	243	31	2,173,984	33,512	4,322
California	124,568	42	79,079	3,084,789	1,049	39	425,400,298	144,620	5,379
Hawaii	2,679	22	1,718	56,044	467	33	7,730,612	64,402	4,500
Oregon	11,609	32	6,553	178,898	499	27	24,664,742	68,766	3,764
Washington	29,195	40	17,966	593,734	817	33	81,877,594	112,715	4,557
Outlying Areas ⁴	1,505	2	608	17,334	27	29	2,388,843	3,754	3,929

¹Number of beneficiaries receiving Medicare skilled nursing facility services.

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

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

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

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

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

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 2010

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	1,734,507	2,542,541	68,927,914	27.1	39.7	\$38,497,309	\$15,141	\$22,195	\$559
1-8 Days	376,545	556,348	2,624,643	4.7	7.0	2,414,599	4,340	6,413	920
9-20 Days	541,084	767,355	11,075,920	14.4	20.5	7,625,309	9,937	14,093	688
21-40 Days	442,988	665,263	19,302,725	29.0	43.6	10,859,294	16,323	24,514	563
41-60 Days	189,467	291,836	14,422,025	49.4	76.1	7,369,908	25,254	38,898	511
61-80 Days	82,107	129,438	8,981,638	69.4	109.4	4,382,439	33,857	53,375	488
81 Days or More	102,316	132,301	12,520,963	94.6	122.4	5,845,760	44,185	57,134	467
Aged									
Total	1,584,678	2,310,493	62,745,003	27.2	39.6	34,996,201	15,147	22,084	558
1-8 Days	339,988	498,954	2,361,185	4.7	6.9	2,167,407	4,344	6,375	918
9-20 Days	492,509	695,106	10,027,604	14.4	20.4	6,917,808	9,952	14,046	690
21-40 Days	410,437	612,619	17,775,400	29.0	43.3	9,985,181	16,299	24,328	562
41-60 Days	175,060	267,917	13,238,574	49.4	75.6	6,758,636	25,227	38,608	511
61-80 Days	75,250	117,773	8,170,731	69.4	108.6	3,980,173	33,795	52,893	487
81 Days or More	91,434	118,124	11,171,509	94.6	122.2	5,186,996	43,911	56,729	464
Disabled									
Total	149,829	232,048	6,182,911	26.6	41.3	3,501,108	15,088	23,367	566
1-8 Days	36,557	57,394	263,458	4.6	7.2	247,192	4,307	6,762	938
9-20 Days	48,575	72,249	1,048,316	14.5	21.6	707,502	9,793	14,565	675
21-40 Days	32,551	52,644	1,527,325	29.0	46.9	874,113	16,604	26,854	572
41-60 Days	14,407	23,919	1,183,451	49.5	82.1	611,272	25,556	42,429	517
61-80 Days	6,857	11,665	810,907	69.5	118.3	402,266	34,485	58,665	496
81 Days or More	10,882	14,177	1,349,454	95.2	124.0	658,763	46,467	60,537	488

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 2010

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	\$5,414,105	\$2,129	\$3,121	\$79	\$27,454,045	\$10,808	\$15,828	\$398
1-8 Days	66,415	119	176	25	1,208,844	2,176	3,210	461
9-20 Days	303,448	395	561	27	5,114,794	6,673	9,453	462
21-40 Days	1,290,182	1,939	2,912	67	8,050,948	12,111	18,174	417
41-60 Days	1,389,006	4,760	7,331	96	5,502,789	18,865	29,044	382
61-80 Days	974,205	7,526	11,865	108	3,241,734	25,053	39,482	361
81 Days or More	1,390,849	10,513	13,594	111	4,334,936	32,772	42,368	346
Aged								
Total	4,907,459	2,124	3,097	78	25,081,985	10,866	15,828	400
1-8 Days	58,643	118	172	25	1,098,115	2,204	3,230	465
9-20 Days	271,111	390	550	27	4,656,104	6,706	9,454	464
21-40 Days	1,180,700	1,927	2,877	66	7,437,829	12,150	18,122	418
41-60 Days	1,271,499	4,746	7,263	96	5,065,098	18,914	28,933	383
61-80 Days	884,812	7,513	11,758	108	2,954,962	25,099	39,269	362
81 Days or More	1,240,694	10,503	13,569	111	3,869,877	32,767	42,324	346
Disabled								
Total	506,646	2,183	3,381	82	2,372,060	10,234	15,832	384
1-8 Days	7,771	135	213	29	110,729	1,933	3,029	420
9-20 Days	32,337	448	666	31	458,689	6,358	9,443	438
21-40 Days	109,482	2,080	3,363	72	613,118	11,656	18,836	401
41-60 Days	117,507	4,913	8,156	99	437,691	18,308	30,380	370
61-80 Days	89,393	7,663	13,037	110	286,773	24,586	41,822	354
81 Days or More	150,156	10,591	13,799	111	465,059	32,813	42,737	345

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 MEDPAR files: Medicare Provider Analysis and Review; data development by the Center for Strategic Planning.

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 2010

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	---	2,542,541	100.0
Leading Diagnoses ⁵	---	2,100,489	82.6
Infectious and Parasitic Diseases (MDC 1)	001-139	32,589	1.3
Septicemia	038	12,491	0.5
Other	---	20,098	0.8
Neoplasms (MDC 2)	140-239	49,101	1.9
Malignant Neoplasm of Colon	153	3,473	0.1
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	2,067	0.1
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	7,662	0.3
Malignant Neoplasm of Female Breast	174	2,266	0.1
Malignant Neoplasm of Prostate	185	2,457	0.1
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	2,230	0.1
Other	---	28,946	1.1
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	63,251	2.5
Diabetes	250	30,966	1.2
Nutritional Deficiencies	260-263	1,683	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	16,364	0.6
Other	---	14,238	0.6
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	19,838	0.8
Other and Unspecified Anemias	285	12,711	0.5
Other	---	7,127	0.3
Mental Disorders (MDC 5)	290-319	61,628	2.4
Senile and Prosenile Organic Psychotic Conditions	290	14,268	0.6
Other Organic Psychotic Conditions (Chronic)	294	21,566	0.8
Other Non-Organic Psychoses	298	4,050	0.2
Other	---	21,744	0.9
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	57,148	2.2
Other Cerebral Degenerations	331	17,114	0.7
Parkinson's Disease	332	9,661	0.4
Hemiplegia and Hemiparesis	342	1,455	0.1
Other	---	28,918	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 2010

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
68,928	1,938	27	\$38,497,309	\$15,141	\$559	\$27,454,045	\$10,808	\$398
56,733	1,595	27	32,080,061	15,273	565	22,755,596	10,844	401
809	23	25	499,418	15,325	617	360,793	11,081	446
282	8	23	197,676	15,825	702	114,071	9,136	405
527	15	26	301,742	15,014	572	246,722	12,291	468
1,098	31	22	588,446	11,984	536	425,198	8,674	387
77	2	22	42,574	12,259	550	31,461	9,074	406
48	1	23	24,113	11,666	508	18,001	8,717	379
152	4	20	83,347	10,878	549	58,882	7,696	388
60	2	27	30,555	13,484	507	22,802	10,071	378
59	2	24	29,906	12,172	509	22,512	9,189	383
45	1	20	27,926	12,523	616	18,012	8,095	397
657	18	23	350,025	12,092	533	253,528	8,773	386
1,845	52	29	931,140	14,721	505	683,127	10,810	370
951	27	31	474,589	15,326	499	341,277	11,034	359
50	1	29	26,283	15,617	531	17,058	10,153	345
429	12	26	221,306	13,524	515	166,937	10,209	389
415	12	29	208,962	14,676	504	157,856	11,092	380
533	15	27	270,462	13,634	507	201,149	10,150	377
345	10	27	173,693	13,665	503	129,949	10,231	376
188	5	26	96,769	13,578	515	71,201	10,006	379
1,949	55	32	858,099	13,924	440	646,239	10,499	332
474	13	33	208,438	14,609	440	161,374	11,321	341
701	20	32	299,284	13,878	427	228,121	10,589	326
127	4	31	56,611	13,978	447	42,612	10,540	337
648	18	30	293,767	13,510	454	214,132	9,861	331
1,841	52	32	882,293	15,439	479	666,052	11,668	362
560	16	33	236,216	13,802	422	183,639	10,744	328
344	10	36	166,207	17,204	484	127,802	13,248	372
55	2	38	28,578	19,641	516	21,517	14,809	388
883	25	31	451,292	15,606	511	333,094	11,530	377

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 2010

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	341,364	13.4
Essential Hypertension	401	34,596	1.4
Acute Myocardial Infarction	410	14,021	0.6
Other Forms of Chronic Ischemic Heart Disease	414	19,677	0.8
Cardiac Dysrhythmia	427	32,930	1.3
Heart Failure	428	86,523	3.4
III-Defined Descriptions and Complication of Heart Disease	429	2,403	0.1
Intracranial Hemorrhage	431	2,554	0.1
Occlusion of Cerebral Arteries	434	14,463	0.6
Transient Cerebral Ischemia	435	7,391	0.3
Acute, But III-Defined, Cerebrovascular Disease	436	24,987	1.0
Other and III-Defined Cerebrovascular Disease	437	2,527	0.1
Late Effects of Cerebrovascular Disease	438	39,650	1.6
Atherosclerosis	440	1,516	0.1
Other Peripheral Vascular Disease	443	6,855	0.3
Venous Embolism and Thrombosis	453	9,151	0.4
Other	---	42,120	1.7
Diseases of the Respiratory System (MDC 8)	460-519	221,165	8.7
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	7,689	0.3
Pneumonia, Organism Unspecified	486	90,760	3.6
Chronic Bronchitis	491	15,527	0.6
Chronic Airway Obstruction	496	42,942	1.7
Pneumonitis Due to Solids and Liquids	507	12,781	0.5
Other Diseases of Lung	518	24,785	1.0
Other	---	26,681	1.0
Diseases of the Digestive System (MDC 9)	520-579	77,592	3.1
Intestinal Obstruction Without Mention of Hernia	560	8,966	0.4
Diverticula of Intestine	562	5,304	0.2
Gastrointestinal Hemorrhage	578	20,558	0.8
Other	---	42,764	1.7
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 2010

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
9,844	277	29	\$5,098,368	\$14,935	\$518	\$3,799,468	\$11,141	\$386
1,079	30	31	539,972	15,608	501	411,047	11,895	381
341	10	24	178,137	12,705	522	133,015	9,492	390
499	14	25	256,845	13,053	515	194,862	9,912	391
893	25	27	456,464	13,862	511	345,669	10,506	387
2,200	62	25	1,141,681	13,195	519	827,871	9,576	376
70	2	29	34,086	14,185	488	25,789	10,741	369
82	2	32	44,620	17,471	544	33,928	13,295	414
471	13	33	258,955	17,905	550	193,323	13,378	410
219	6	30	111,482	15,084	509	85,787	11,616	392
867	24	35	440,116	17,614	508	337,018	13,507	389
81	2	32	40,254	15,930	498	31,740	12,575	393
1,420	40	36	736,544	18,576	519	556,092	14,040	392
38	1	25	22,083	14,566	583	14,339	9,471	379
199	6	29	100,321	14,635	504	72,824	10,630	366
259	7	28	133,460	14,584	515	95,981	10,501	370
1,127	32	27	603,348	14,325	535	440,184	10,464	391
5,570	157	25	3,171,489	14,340	569	2,150,751	9,735	386
179	5	23	113,704	14,788	634	69,664	9,068	389
2,253	63	25	1,218,173	13,422	541	879,815	9,704	391
339	10	22	211,581	13,627	624	132,164	8,518	390
1,149	32	27	577,972	13,459	503	418,316	9,753	364
319	9	25	181,454	14,197	569	123,544	9,677	387
660	19	27	508,646	20,522	771	269,490	10,889	409
673	19	25	359,959	13,491	535	257,759	9,669	383
1,958	55	25	1,016,685	13,103	519	753,155	9,717	385
221	6	25	114,569	12,778	518	85,844	9,584	388
129	4	24	69,929	13,184	544	51,312	9,680	399
539	15	26	266,541	12,965	494	202,792	9,872	376
1,069	30	25	565,646	13,227	529	413,207	9,675	386

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 2010

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	127,751	5.0
Chronic Renal Failure	585	21,706	0.9
Renal Failure, Unspecified	586	8,430	0.3
Other Disorders of Urethra and Urinary Tract	599	70,403	2.8
Other	---	27,212	1.1
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	48,684	1.9
Other Cellulitis and Abscess	682	32,025	1.3
Chronic Ulcer of Skin	707	14,080	0.6
Other	---	2,579	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	178,954	7.0
Osteoarthritis and Allied Disorders	715	37,435	1.5
Other and Unspecified Disorders of Joint	719	32,216	1.3
Other and Unspecified Disorders of Back	724	15,671	0.6
Disorders of Muscle, Ligament, and Fascia	728	56,256	2.2
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	7,894	0.3
Other Disorders of Bone and Cartilage	733	8,962	0.4
Other	---	20,520	0.8
Congenital Anomalies (MDC 14)	740-759	3,427	0.1
Other Ill Defined Conditions (MDC 16)	780-799	190,102	7.5
General Symptoms	780	79,861	3.1
Symptoms Involving Nervous and Musculoskeletal Systems	781	26,811	1.1
Symptoms Involving Cardiovascular System	785	4,038	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	15,483	0.6
Symptoms Involving Digestive System	787	12,584	0.5
Other	---	51,325	2.0
Injury and Poisoning (MDC 17)	800-999	160,648	6.3
Fracture, Vertebra without Mention of Spinal Cord Injury	805	9,644	0.4
Fracture, Pelvis	808	9,969	0.4
Fracture, Humerus	812	7,677	0.3
Fracture, Neck of Femur	820	45,502	1.8
Fracture, Other and Unspecified Parts of Femur	821	9,016	0.4
Fracture, Tibia, Fibula	823	4,603	0.2
Fracture of Ankle	824	5,500	0.2
Amputation of Leg(s)	897	2,965	0.1
Other	---	65,772	2.6
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 2010

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admis- sion ³	Per Day
3,522	99	28	\$1,757,444	\$13,757	\$499	\$1,327,133	\$10,400	\$377
584	16	27	277,610	12,790	475	207,766	9,584	356
234	7	28	114,956	13,637	492	86,021	10,214	368
1,977	56	28	992,517	14,098	502	759,231	10,795	384
727	20	27	372,361	13,684	512	274,114	10,087	377
1,464	41	30	794,062	16,311	542	545,340	11,213	373
893	25	28	500,171	15,618	560	351,112	10,974	393
495	14	35	254,478	18,074	514	166,250	11,821	336
75	2	29	39,414	15,283	524	27,978	10,861	372
4,982	140	28	2,637,464	14,738	529	1,985,686	11,109	399
806	23	22	456,960	12,207	567	356,583	9,532	442
952	27	30	486,717	15,108	511	378,036	11,746	397
411	12	26	222,176	14,178	541	168,164	10,741	410
1,708	48	30	860,857	15,303	504	652,898	11,626	382
246	7	31	151,263	19,162	614	92,272	11,699	375
285	8	32	145,731	16,261	511	110,334	12,326	387
573	16	28	313,758	15,290	547	227,400	11,091	397
93	3	27	45,849	13,379	492	34,857	10,192	374
5,371	151	28	2,769,253	14,567	516	2,074,195	10,923	386
2,250	63	28	1,147,537	14,369	510	880,403	11,035	391
798	22	30	435,873	16,257	546	319,679	11,930	401
109	3	27	56,001	13,868	513	41,436	10,282	380
385	11	25	200,632	12,958	522	148,124	9,577	385
395	11	31	185,868	14,770	471	140,418	11,180	356
1,434	40	28	743,342	14,483	518	544,135	10,615	379
5,323	150	33	2,824,074	17,579	531	2,100,726	13,091	395
294	8	30	154,084	15,977	524	117,683	12,220	400
330	9	33	175,063	17,561	530	134,856	13,549	409
284	8	37	147,925	19,269	521	111,898	14,601	394
1,645	46	36	855,404	18,799	520	656,625	14,441	399
347	10	38	179,291	19,886	517	134,963	14,984	389
180	5	39	93,801	20,378	521	69,021	15,011	383
207	6	38	108,816	19,785	525	80,129	14,596	387
102	3	35	48,718	16,431	476	34,344	11,599	335
1,934	54	29	1,060,972	16,131	549	761,207	11,587	394

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 2010

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V89	907,231	35.7
Organ of Tissue Replaced by Other Means	V43	23,442	0.9
Orthopedic Aftercare	V54	113,709	4.5
Care Involving Use of Rehabilitation Procedures	V57	669,907	26.3
Encounter for Other and Unspecified Procedures and Aftercare	V58	58,230	2.3
Convalescence	V66	5,430	0.2
Other	---	36,513	1.4

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 MEDPAR files: Medicare Provider Analysis and Review; data development by the Center for Strategic Planning.

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 2010

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
22,661	637	25	\$14,320,476	\$15,785	\$632	\$9,675,462	\$10,673	\$427
500	14	21	289,324	12,342	578	227,819	9,725	455
3,348	94	29	1,904,222	16,746	569	1,395,045	12,282	417
16,312	459	24	10,616,010	15,847	651	7,035,801	10,510	431
1,304	37	22	865,779	14,868	664	547,273	9,404	420
90	3	17	67,384	12,410	750	53,160	9,799	592
1,107	31	30	577,757	15,823	522	416,364	11,413	376

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 2010

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	15,084	2,424,931	100.0	67,772	100.0	27.9	\$26,221,525	100.0	\$10,824	\$387
1-49 Beds	2,198	252,824	10.4	5,063	7.5	20.0	1,931,444	7.4	7,646	381
50-99 Beds	5,489	597,318	24.6	17,287	25.5	28.9	6,592,651	25.1	11,047	381
100-149 Beds	4,875	892,506	36.8	26,034	38.4	29.2	9,960,486	38.0	11,171	383
150-199 Beds	1,646	404,293	16.7	11,543	17.0	28.6	4,536,139	17.3	11,233	393
200 Beds or More	876	277,990	11.5	7,845	11.6	28.2	3,200,805	12.2	11,526	408
Hospital Based										
Total	934	178,334	100.0	2,765	100.0	15.5	1,003,403	100.0	5,629	363
1-49 Beds	555	118,169	66.3	1,484	53.7	12.6	548,956	54.7	4,647	370
50-99 Beds	220	27,628	15.5	550	19.9	19.9	191,614	19.1	6,939	348
100-149 Beds	96	15,760	8.8	331	12.0	21.0	111,590	11.1	7,087	337
150-199 Beds	32	6,149	3.4	146	5.3	23.7	49,667	4.9	8,088	340
200 Beds or More	31	10,628	6.0	254	9.2	23.9	101,576	10.1	9,562	400
Non-Hospital Based										
Total	14,150	2,246,597	100.0	65,007	100.0	28.9	25,218,122	100.0	11,237	388
1-49 Beds	1,643	134,655	6.0	3,579	5.5	26.6	1,382,487	5.5	10,281	386
50-99 Beds	5,269	569,690	25.4	16,737	25.7	29.4	6,401,037	25.4	11,246	382
100-149 Beds	4,779	876,746	39.0	25,702	39.5	29.3	9,848,896	39.1	11,245	383
150-199 Beds	1,614	398,144	17.7	11,397	17.5	28.6	4,486,473	17.8	11,282	394
200 Beds or More	845	267,362	11.9	7,591	11.7	28.4	3,099,229	12.3	11,604	408
Swing-Bed Hospitals³										
Total	510	117,610	100.0	1,155	100.0	9.8	1,232,520	100.0	10,483	1,067
1-49 Beds	280	100,845	85.7	1,023	88.5	10.1	1,188,823	96.5	11,792	1,162
50-99 Beds	230	16,765	14.3	133	11.5	7.9	43,697	3.5	2,607	330

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 MEDPAR files: Medicare Provider Analysis and Review; data development by the Center for Strategic Planning.

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, 2010

Principal ICD-9-CM Diagnosis ¹	ICD-9-CM Code	1998 Covered Admissions ²			2003 Covered Admissions ²			2010 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	2,542,541	27.1	\$10,808
Pneumonia, Organism Unspecified	486	89,866	21.2	5,278	110,329	23.2	5,866	90,760	24.8	9,704
Heart Failure	428	96,921	21.7	5,215	113,309	24.0	5,892	86,523	25.4	9,576
General Symptoms	780	43,210	24.0	5,861	73,259	26.6	6,842	79,861	28.2	11,035
Other Disorders of Urethra and Urinary Tract	599	40,642	24.7	6,009	61,330	26.3	6,517	70,403	28.1	10,795
Disorders of Muscle, Ligament, and Fascia	728	7,998	23.6	6,070	18,800	29.8	7,528	56,256	30.4	11,626
Fracture of Neck of Femur	820	133,347	28.9	7,021	108,238	34.2	9,021	45,502	36.2	14,441
Chronic Airway Obstruction, Not Elsewhere Classified	496	42,300	24.4	5,619	48,291	25.6	6,079	42,942	26.7	9,753
Osteoarthritis and Allied Disorders	438	17,242	31.2	7,068	40,601	33.0	8,912	39,650	35.8	14,040
Late Effects of Cerebrovascular Disease	715	54,851	14.5	4,360	49,512	19.3	5,616	37,435	21.5	9,532
Essential Hypertension	401	22,580	29.1	6,661	34,874	29.7	7,356	34,596	31.2	11,895

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 2010; 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 Center for Strategic Planning.

Table 6.9
Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,
and Major RUG-III Groups: Calendar Year 2010

State of Provider	Total Days	RUG-III Rehabilitation Groups					
		Total	Ultra High	Very High	High	Medium	Low
United States ²	70,775,833	63,147,507	29,529,565	17,622,117	6,058,923	9,853,279	83,623
Alabama	1,107,094	979,138	491,067	264,691	80,887	141,228	1,265
Alaska	19,608	13,778	1,714	2,042	2,013	7,963	46
Arizona	649,288	557,992	250,141	177,288	50,465	79,897	201
Arkansas	729,431	649,885	290,305	183,836	68,002	106,646	1,096
California	5,385,661	4,753,242	2,814,557	1,131,391	308,347	492,845	6,102
Colorado	680,259	625,182	317,057	185,849	46,915	74,999	362
Connecticut	1,300,329	1,113,106	420,409	368,026	98,891	224,316	1,464
Delaware	263,523	244,883	144,546	58,495	15,722	25,998	122
District of Columbia	83,826	76,049	24,233	22,818	9,397	19,567	34
Florida	5,533,274	5,152,132	3,524,852	960,114	230,869	433,384	2,913
Georgia	1,534,093	1,296,404	513,415	381,406	148,548	248,310	4,725
Hawaii	100,968	88,465	40,782	22,320	7,491	17,082	790
Idaho	248,556	221,229	102,107	60,131	20,937	37,102	952
Illinois	3,991,376	3,722,495	1,603,873	1,172,129	402,374	534,925	9,194
Indiana	2,301,016	2,118,163	956,353	643,115	219,889	295,948	2,858
Iowa	698,337	624,626	117,831	189,723	129,261	185,815	1,996
Kansas	718,126	647,495	213,354	216,547	103,482	112,510	1,602
Kentucky	1,278,291	1,122,902	499,806	304,677	106,792	209,046	2,581
Louisiana	1,091,997	996,535	392,720	336,347	122,832	144,049	587
Maine	361,052	324,262	161,216	96,493	24,455	41,356	742
Maryland	1,540,610	1,377,135	715,521	385,528	91,808	183,611	667
Massachusetts	2,186,028	1,861,854	977,240	485,781	128,128	269,442	1,263
Michigan	2,653,367	2,438,783	1,203,061	714,087	207,521	311,379	2,735
Minnesota	1,061,127	907,831	232,258	315,605	142,925	216,599	444
Mississippi	894,052	813,861	356,824	230,248	101,773	123,710	1,306
Missouri	1,669,039	1,504,675	486,704	543,266	200,283	273,082	1,340
Montana	180,435	156,070	26,744	42,558	32,023	54,010	735
Nebraska	522,818	461,757	131,926	144,307	73,560	111,053	911
Nevada	327,365	287,705	152,422	74,415	20,799	39,609	460
New Hampshire	378,638	334,863	189,194	81,741	22,864	40,093	971

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 2010

Total	Other Major RUG-III Groups							Case-Mix Index ¹	
	Extensive Care	Special Care	Clinically Complex	Cognitively Impaired	Behavior Problems Only	Reduced Physical Function	Not Otherwise Classified	Nursing	Therapy
7,628,326	1,770,809	1,948,044	1,585,659	66,542	80,085	527,150	1,650,037	1.32	1.60
127,956	26,802	34,436	27,948	1,307	1,248	9,210	27,005	1.32	1.64
5,830	2,166	1,909	1,119	(3)	60	404	168	1.31	1.04
91,296	12,010	13,808	10,748	133	615	3,077	50,905	1.26	1.59
79,546	29,365	22,242	16,554	1,191	1,340	8,151	703	1.32	1.57
632,419	146,241	154,671	117,701	5,118	7,664	35,692	165,332	1.36	1.74
55,077	8,176	11,918	17,972	623	767	4,595	11,026	1.31	1.66
187,223	41,763	47,154	55,589	532	1,676	8,944	31,565	1.35	1.50
18,640	4,450	5,414	5,290	164	284	1,983	1,055	1.33	1.74
7,777	3,195	2,758	1,118	24	26	468	188	1.37	1.40
381,142	70,121	102,143	78,737	1,378	2,587	22,927	103,249	1.37	1.84
237,689	55,039	57,093	37,466	2,294	2,474	16,034	67,289	1.30	1.51
12,503	3,563	4,262	2,528	74	20	518	1,538	1.32	1.56
27,327	4,811	4,325	6,238	236	251	2,585	8,881	1.30	1.58
268,881	92,391	78,259	58,895	2,711	3,501	19,584	13,540	1.32	1.57
182,853	40,113	39,690	36,013	2,158	2,127	17,663	45,089	1.30	1.59
73,711	21,317	20,690	17,612	1,190	784	7,743	4,375	1.33	1.23
70,631	16,494	17,114	17,181	1,317	1,462	7,922	9,141	1.27	1.45
155,389	48,370	40,117	32,787	1,286	1,970	13,860	16,999	1.35	1.56
95,462	33,519	30,448	14,033	1,483	1,266	4,886	9,827	1.24	1.54
36,790	6,299	7,191	8,423	158	159	2,673	11,887	1.28	1.65
163,475	41,651	46,404	43,545	653	1,618	10,719	18,885	1.35	1.67
324,174	51,998	65,235	83,858	4,385	4,859	26,972	86,867	1.32	1.66
214,584	49,772	57,952	55,919	2,128	2,382	16,621	29,810	1.31	1.64
153,296	22,639	26,815	25,749	1,066	859	9,896	66,272	1.29	1.35
80,191	20,980	24,071	19,423	2,177	1,467	9,495	2,578	1.27	1.56
164,364	35,017	37,461	33,635	4,131	4,331	16,468	33,321	1.27	1.45
24,365	6,541	6,287	7,371	167	495	2,246	1,258	1.29	1.19
61,061	13,124	14,968	15,508	1,006	796	6,487	9,172	1.29	1.37
39,660	9,564	7,053	5,938	93	215	1,282	15,515	1.33	1.67
43,775	6,755	9,622	14,558	654	1,016	4,514	6,656	1.28	1.71

Table 6.9
Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,
and Major RUG-III Groups: Calendar Year 2010

State of Provider	Total Days	RUG-III Rehabilitation Groups					
		Total	Ultra High	Very High	High	Medium	Low
New Jersey	2,802,201	2,562,916	1,454,300	547,460	157,369	401,117	2,670
New Mexico	242,977	220,704	105,892	59,555	19,864	35,081	312
New York	4,143,444	3,479,704	1,092,981	905,120	592,082	880,922	8,599
North Carolina	2,213,440	1,936,666	826,114	599,370	194,467	315,698	1,017
North Dakota	157,035	123,193	19,323	23,690	28,328	51,604	248
Ohio	3,532,535	3,200,748	1,582,148	900,535	243,985	472,002	2,078
Oklahoma	746,733	661,214	231,348	221,659	92,318	115,077	812
Oregon	397,343	351,507	124,482	116,954	31,719	78,220	132
Pennsylvania	3,393,842	2,988,807	1,364,945	856,002	286,739	477,589	3,532
Rhode Island	278,173	231,573	124,958	62,719	14,732	29,160	(3)
South Carolina	1,047,470	945,575	402,107	279,585	101,109	161,621	1,153
South Dakota	207,558	179,659	51,018	52,886	33,058	42,343	354
Tennessee	1,895,813	1,647,804	810,620	445,089	142,035	247,947	2,113
Texas	4,834,580	4,363,134	1,997,787	1,309,765	436,135	613,941	5,506
Utah	330,668	307,698	167,498	85,615	19,401	34,877	307
Vermont	157,751	134,969	51,706	38,646	13,854	30,497	266
Virginia	1,838,694	1,636,025	654,287	509,354	157,740	313,544	1,100
Washington	1,109,250	994,130	463,699	283,969	78,240	167,339	883
West Virginia	443,728	391,074	181,258	86,983	44,126	78,623	84
Wisconsin	1,419,495	1,239,358	442,187	423,441	141,014	230,844	1,872
Wyoming	93,519	78,552	28,675	18,746	11,355	19,659	117

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 distribution 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).

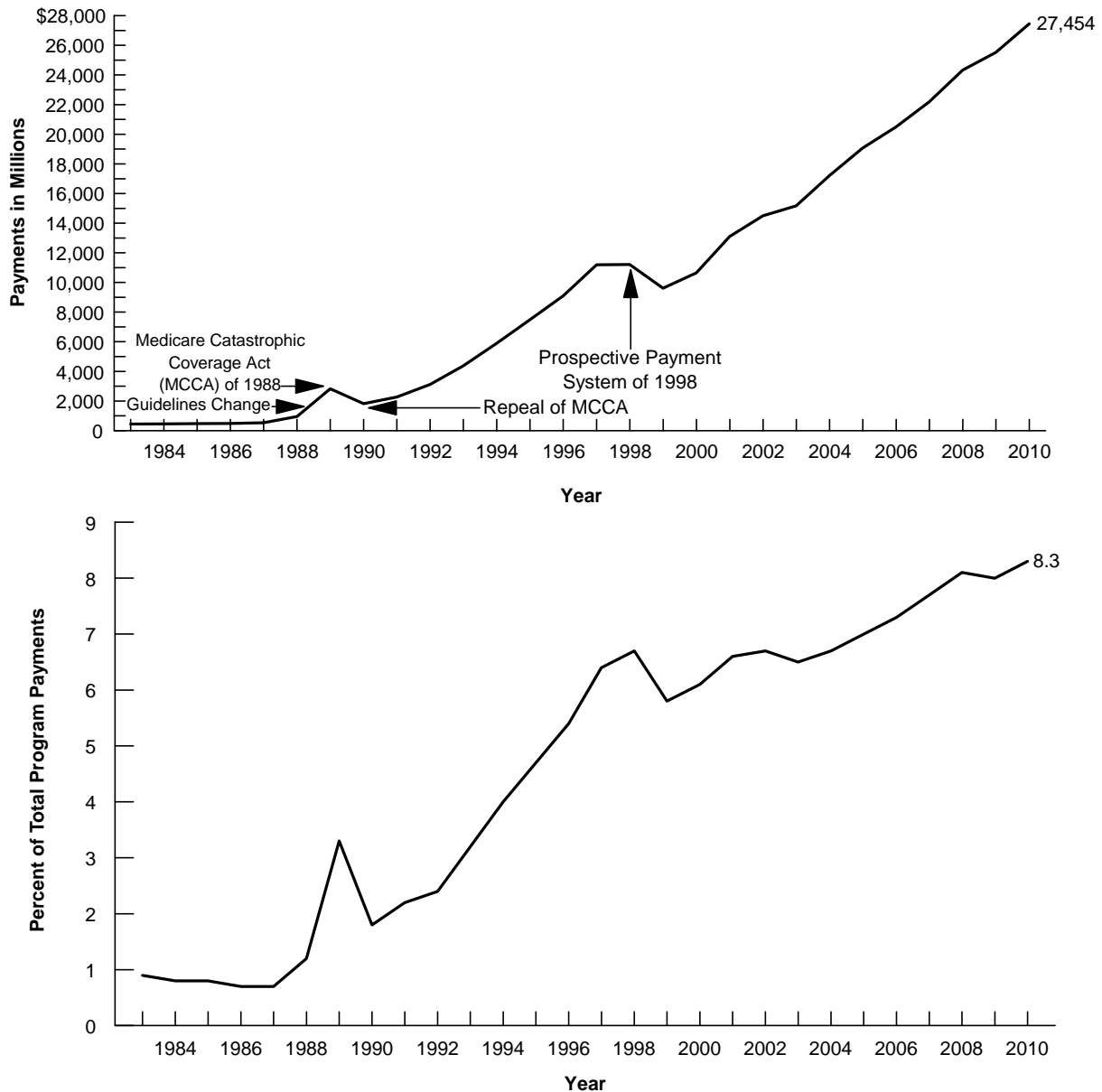
SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the MEDPAR files: Medicare Provider Analysis and Review; data development by the Center for Strategic Planning.

Table 6.9--Continued
Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,
and Major RUG-III Groups: Calendar Year 2010

Total	Other Major RUG-III Groups							Case-Mix Index ¹	
	Extensive Care	Special Care	Clinically Complex	Cognitively Impaired	Behavior Problems Only	Reduced Physical Function	Not Otherwise Classified	Nursing	Therapy
239,285	71,993	83,652	50,753	1,344	2,084	13,474	15,985	1.40	1.69
22,273	5,053	5,039	6,493	269	183	2,175	3,061	1.32	1.61
663,740	197,085	205,162	119,142	265	1,758	10,890	129,438	1.33	1.38
276,774	63,445	66,822	55,154	1,332	2,234	19,251	68,536	1.29	1.56
33,842	10,245	9,978	8,695	272	282	3,007	1,363	1.32	1.12
331,787	63,716	78,514	55,445	2,021	2,765	14,897	114,429	1.34	1.63
85,519	21,643	24,091	23,990	1,715	2,072	10,787	1,221	1.26	1.47
45,836	5,348	7,522	5,604	178	251	2,300	24,633	1.31	1.47
405,035	67,531	88,820	57,909	1,717	1,861	25,757	161,440	1.33	1.59
46,600	6,191	5,280	7,695	282	515	1,596	25,041	1.25	1.69
101,895	26,504	31,510	28,208	914	1,301	9,576	3,882	1.30	1.55
27,899	9,204	6,170	6,777	250	374	2,558	2,566	1.29	1.36
248,009	59,291	58,432	49,335	3,638	3,242	23,593	50,478	1.34	1.62
471,446	111,731	142,289	120,068	8,550	7,973	50,895	29,940	1.29	1.60
22,970	3,105	3,353	3,184	146	114	856	12,212	1.33	1.70
22,782	4,750	5,468	6,425	214	351	2,676	2,898	1.32	1.48
202,669	54,398	58,526	43,263	1,208	1,887	14,089	29,298	1.32	1.52
115,120	22,299	29,248	27,841	814	962	10,966	22,990	1.35	1.60
52,654	15,017	14,113	9,489	444	465	3,693	9,433	1.34	1.56
180,137	24,878	29,076	24,905	826	951	8,761	90,740	1.29	1.48
14,967	3,136	3,469	5,828	302	141	1,734	357	1.28	1.43

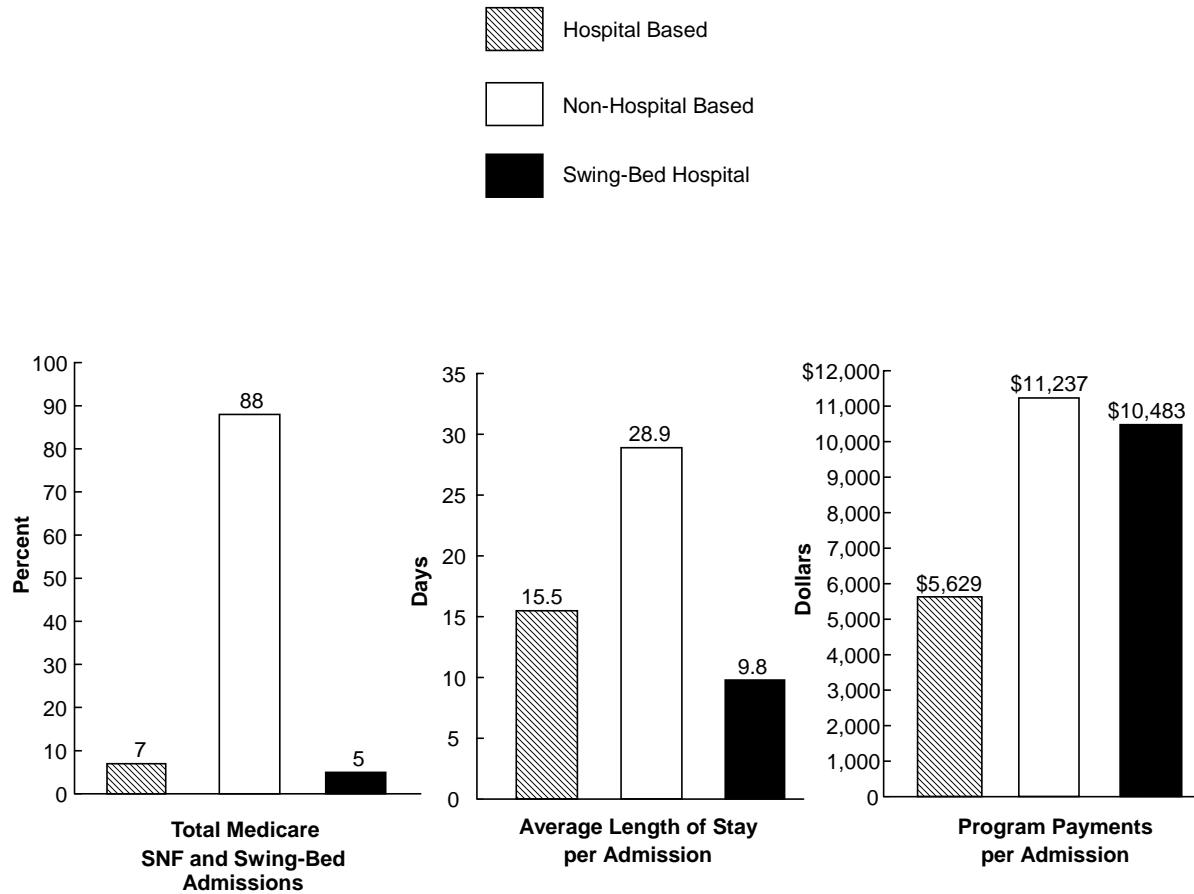
Figure 6.1

Growth in Medicare Skilled Nursing Facility Program Payments: Calendar Years 1983-2010



SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the MEDPAR files: Medicare Provider Analysis and Review; data development by the Center for Strategic Planning. See Table 6.1.

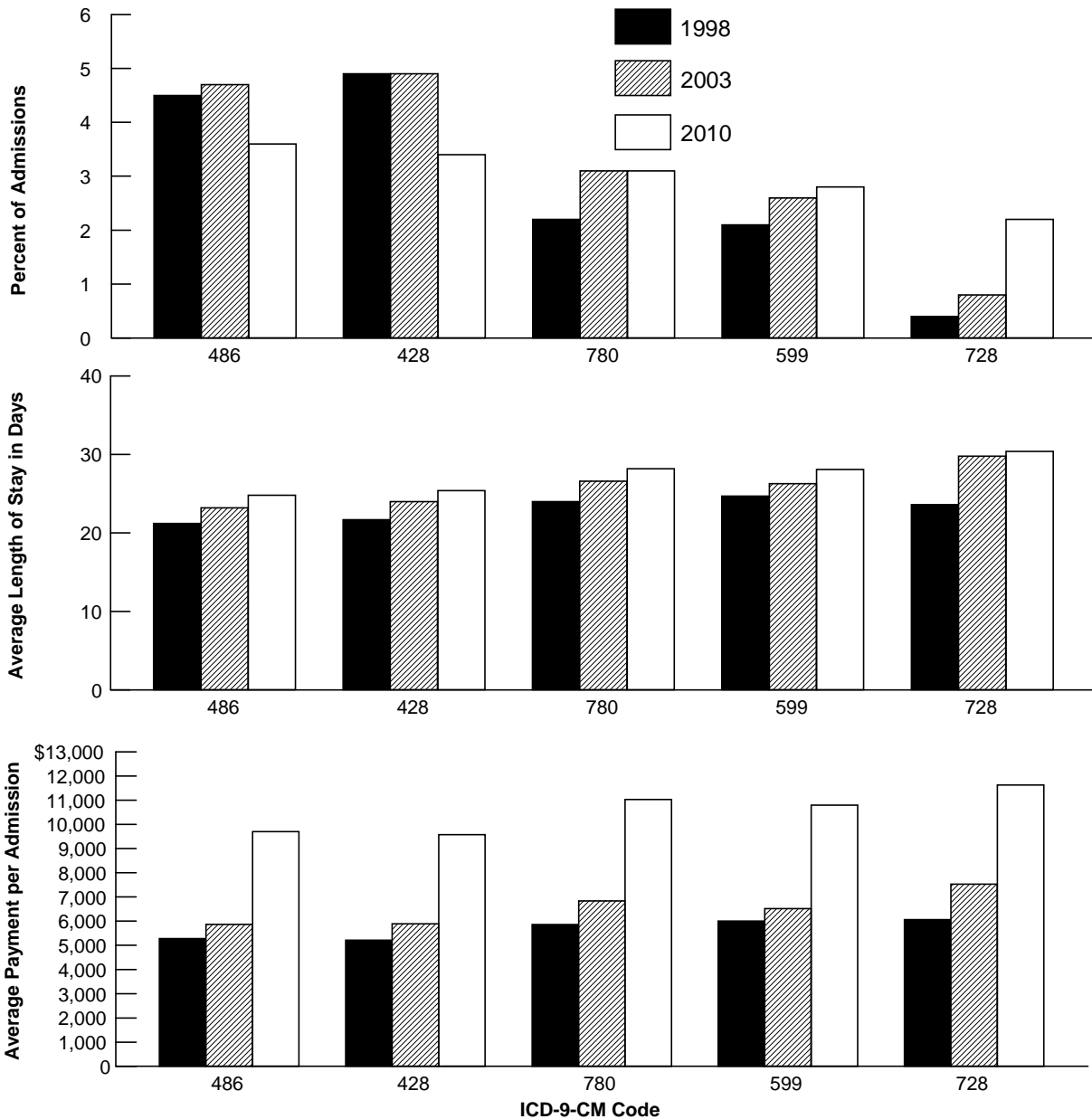
Figure 6.2 Medicare Skilled Nursing Facility (SNF) Utilization, by Type of Facility: Calendar Year 2010



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 Center for Strategic Planning. See Table 6.7.

Figure 6.3
Trends in the Top Five Medicare Skilled Nursing Facility Principal Diagnoses, Based on Number of Admissions: Calendar Years 1998, 2003, and 2010



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; disorders of muscle, ligament, and fascia, 728.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the MEDPAR files: Medicare Provider Analysis and Review; data development by the Center for Strategic Planning. See Table 6.8. See Table 6.8.