

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 1967-2011

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
2011	69,907	1,935	41,231	590	340,543	30,102	73.0	8.8	833	431

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 1967-2011

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
2011	63,326	2,161	37,295	589	274,272	27,365	73.4	10.0	934	432

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 1967-2011

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
2011	6,582	964	3,936	598	66,271	2,737	69.5	4.1	401	416

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 Information Products and Data Analytics.

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 2011

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	2,573,854	71	69,907	1,935	27	\$41,230,541	\$16,019	590	\$30,101,764	73	11,707	431
Age												
Under 65 Years	235,986	35	6,309	924	27	3,776,310	16,002	599	2,620,616	69	11,118	415
65-69 Years	264,822	29	6,750	735	25	4,108,914	15,516	609	2,865,081	70	10,829	424
70-74 Years	272,396	41	6,869	1,033	25	4,259,024	15,635	620	2,985,962	70	10,973	435
75-79 Years	366,503	72	9,527	1,877	26	5,776,445	15,761	606	4,141,540	72	11,312	435
80-84 Years	489,740	121	13,273	3,280	27	7,872,872	16,076	593	5,755,785	73	11,765	434
85 Years or Over	944,407	218	27,180	6,265	29	15,436,977	16,346	568	11,732,780	76	12,436	432
Sex												
Male	966,554	59	25,260	1,529	26	15,071,085	15,593	597	10,958,227	73	11,350	434
Female	1,607,300	82	44,647	2,276	28	26,159,456	16,275	586	19,143,537	73	11,922	429
Race⁴												
White	2,188,983	73	58,680	1,957	27	34,725,220	15,864	592	25,242,252	73	11,543	430
Other	378,651	63	11,060	1,846	29	6,403,237	16,911	579	4,786,775	75	12,658	433
Type of Entitlement												
Aged ⁵	2,327,688	79	63,326	2,161	27	37,294,974	16,022	589	27,365,256	73	11,768	432
Disabled ⁶	246,166	36	6,582	964	27	3,935,567	15,987	598	2,736,508	70	11,130	416
Discharge Status												
Alive	2,481,247	----	68,154	----	27	40,275,337	16,232	591	29,387,454	73	11,856	431
Dead	92,607	----	1,753	----	19	955,203	10,315	545	714,309	75	7,722	407

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 Office of Information Products and Data Analytics.

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 2011

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	2,573,854	71	69,907	1,935	27.2	\$41,230,541	\$16,019	590	\$30,101,764	\$11,707	\$431
United States	2,572,015	72	69,866	1,969	27.2	41,206,036	16,021	590	30,085,993	11,710	431
Northeast	560,888	84	14,670	2,195	26.2	9,311,906	16,602	635	6,760,956	12,064	461
Midwest	703,601	85	18,540	2,239	26.3	10,762,941	15,297	581	7,730,157	11,000	417
South	950,279	67	26,953	1,911	28.4	14,679,607	15,448	545	10,604,880	11,170	393
West	357,247	56	9,704	1,510	27.2	6,451,582	18,059	665	4,989,999	13,988	514
New England	178,768	88	4,494	2,219	25.1	2,917,294	16,319	649	2,107,164	11,795	469
Connecticut	47,850	104	1,203	2,608	25.1	768,448	16,060	639	551,987	11,544	459
Maine	15,961	69	361	1,555	22.6	239,189	14,986	662	161,864	10,150	448
Massachusetts	82,669	93	2,094	2,351	25.3	1,408,857	17,042	673	1,001,873	12,127	478
New Hampshire	15,567	73	409	1,916	26.3	255,446	16,409	624	193,517	12,439	473
Rhode Island	10,040	84	255	2,143	25.4	151,487	15,088	594	116,707	11,628	458
Vermont	6,681	62	172	1,591	25.7	93,868	14,050	547	81,215	12,160	473
Middle Atlantic	382,120	82	10,176	2,184	26.6	6,394,612	16,735	628	4,653,792	12,189	457
New Jersey	114,649	99	2,804	2,420	24.5	2,033,570	17,737	725	1,394,259	12,164	497
New York	147,402	71	4,125	1,992	28.0	2,448,180	16,609	594	1,931,938	13,118	468
Pennsylvania	120,069	84	3,247	2,269	27.0	1,912,862	15,931	589	1,327,595	11,073	409
East North Central	481,563	84	13,460	2,353	27.9	7,777,787	16,151	578	5,546,993	11,534	412
Illinois	149,769	89	4,150	2,479	27.7	2,579,437	17,223	621	1,761,007	11,763	424
Indiana	70,482	83	2,236	2,640	31.7	1,148,800	16,299	514	870,327	12,367	389
Michigan	89,965	70	2,492	1,948	27.7	1,421,013	15,795	570	1,011,019	11,266	406
Ohio	123,608	97	3,311	2,606	26.8	1,926,613	15,586	582	1,344,932	10,895	406
Wisconsin	47,739	74	1,271	1,958	26.6	701,923	14,703	552	559,708	11,743	440

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 2011

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	222,038	87	5,080	1,984	22.9	\$2,985,154	\$13,444	588	\$2,183,165	\$9,843	\$430
Iowa	38,542	85	755	1,663	19.6	446,329	11,580	591	349,161	9,066	462
Kansas	32,951	85	764	1,969	23.2	453,133	13,752	593	348,169	10,581	456
Minnesota	46,287	104	998	2,241	21.6	566,692	12,243	568	460,556	9,958	461
Missouri	63,060	79	1,610	2,012	25.5	959,195	15,211	596	604,436	9,600	375
Nebraska	22,732	91	542	2,170	23.8	328,507	14,451	606	244,257	10,758	451
North Dakota	8,324	85	175	1,788	21.1	97,430	11,705	555	70,516	8,480	402
South Dakota	10,142	82	235	1,891	23.2	133,868	13,199	569	106,069	10,462	451
South Atlantic	511,950	68	14,405	1,913	28.1	7,667,853	14,978	532	5,865,565	11,466	407
Delaware	9,276	63	265	1,802	28.6	144,489	15,577	546	120,712	13,020	456
District of Columbia	5,404	77	151	2,164	28.0	95,387	17,651	630	68,708	12,752	454
Florida	189,281	80	5,413	2,285	28.6	3,032,589	16,022	560	2,332,548	12,327	431
Georgia	54,248	55	1,522	1,548	28.1	720,182	13,276	473	581,807	10,737	382
Maryland	57,836	78	1,494	2,022	25.8	784,123	13,558	525	652,965	11,292	437
North Carolina	76,262	61	2,180	1,731	28.6	1,062,787	13,936	488	831,107	10,905	381
South Carolina	34,830	52	1,059	1,593	30.4	535,662	15,379	506	396,394	11,402	374
Virginia	65,835	66	1,825	1,824	27.7	1,017,669	15,458	558	701,264	10,657	384
West Virginia	18,978	64	497	1,667	26.2	274,965	14,489	553	180,060	9,525	362
East South Central	180,976	70	5,111	1,977	28.2	2,698,657	14,912	528	1,908,824	10,555	373
Alabama	42,748	63	1,098	1,613	25.7	500,686	11,713	456	402,649	9,428	367
Kentucky	49,379	77	1,316	2,062	26.7	736,731	14,920	560	491,322	9,960	373
Mississippi	30,213	66	916	2,006	30.3	572,553	18,951	625	352,583	11,678	385
Tennessee	58,636	72	1,781	2,201	30.4	888,688	15,156	499	662,271	11,300	372

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 2011

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	257,353	65	7,436	1,865	28.9	\$4,313,097	\$16,759	580	\$2,830,491	\$11,012	\$381
Arkansas	29,734	64	756	1,639	25.4	457,959	15,402	606	268,935	9,050	356
Louisiana	34,465	65	1,063	1,995	30.9	616,917	17,900	580	381,945	11,089	359
Oklahoma	31,538	60	804	1,542	25.5	476,753	15,117	593	297,247	9,457	370
Texas	161,616	65	4,813	1,948	29.8	2,761,468	17,087	574	1,882,364	11,660	391
Mountain	109,208	52	2,756	1,310	25.2	1,706,363	15,625	619	1,255,802	11,519	456
Arizona	26,678	44	633	1,046	23.7	362,222	13,578	572	287,288	10,787	454
Colorado	27,097	64	683	1,609	25.2	445,430	16,438	652	323,466	11,956	474
Idaho	9,472	56	243	1,434	25.7	147,611	15,584	607	102,817	10,885	423
Montana	8,386	57	193	1,311	23.0	112,164	13,375	582	86,452	10,314	449
Nevada	11,629	45	322	1,253	27.7	198,539	17,073	616	161,075	13,911	500
New Mexico	9,597	41	259	1,106	26.9	166,300	17,328	643	104,969	10,946	406
Utah	11,919	63	312	1,648	26.2	199,815	16,764	641	138,090	11,596	443
Wyoming	4,430	58	112	1,450	25.2	74,282	16,768	665	51,646	11,661	463
Pacific	248,039	57	6,948	1,607	28.0	4,745,219	19,131	683	3,734,197	15,074	537
Alaska	1,175	17	30	435	25.2	31,233	26,582	1,057	20,733	17,645	701
California	187,252	62	5,326	1,770	28.4	3,732,802	19,935	701	2,933,741	15,682	551
Hawaii	3,551	29	103	849	29.0	78,175	22,015	758	49,315	14,278	478
Oregon	15,618	41	385	1,018	24.7	248,227	15,894	644	187,825	12,036	488
Washington	40,443	54	1,103	1,480	27.3	654,782	16,190	593	542,584	13,427	492
Outlying Areas ⁵	1,839	3	41	64	22.1	24,504	13,325	603	15,771	8,594	388

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 Office of Information Products and Data Analytics.

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 2011

Area of Residence	Persons Served ¹			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000 HI Enrollees ²	With Coinsurance	Number	Per 1,000 HI Enrollees ²	Per Person With Coinsurance	Amount	Per 1,000 HI Enrollees ²	Per Person With Coinsurance
All Areas ³	1,761,988	49	1,106,789	39,605,887	1,096	36	\$5,612,669,843	\$155,340	\$5,071
United States	1,760,517	50	1,106,133	39,587,880	1,115	36	5,610,116,171	158,066	5,072
Northeast	382,602	57	242,987	8,031,975	1,202	33	1,138,217,291	170,268	4,684
Midwest	474,817	57	295,706	10,468,967	1,264	35	1,483,573,184	179,170	5,017
South	650,788	46	412,504	15,655,043	1,110	38	2,218,756,775	157,348	5,379
West	252,310	39	154,936	5,431,895	845	35	769,568,921	119,758	4,967
New England	122,958	61	73,383	2,390,925	1,181	33	338,893,087	167,358	4,618
Connecticut	32,806	71	19,965	631,437	1,369	32	89,511,835	194,109	4,483
Maine	11,588	50	6,241	171,476	738	27	24,292,467	104,510	3,892
Massachusetts	56,134	63	33,792	1,128,322	1,267	33	159,927,524	179,532	4,733
New Hampshire	10,838	51	6,370	229,880	1,076	36	32,588,516	152,512	5,116
Rhode Island	6,796	57	4,273	135,676	1,141	32	19,225,080	161,619	4,499
Vermont	4,796	44	2,742	94,134	872	34	13,347,665	123,656	4,868
Middle Atlantic	259,644	56	169,604	5,641,050	1,211	33	799,324,204	171,532	4,713
New Jersey	75,190	65	47,728	1,488,899	1,285	31	211,021,029	182,108	4,421
New York	102,812	50	68,531	2,316,766	1,119	34	328,289,362	158,575	4,790
Pennsylvania	81,642	57	53,345	1,835,385	1,283	34	260,013,813	181,716	4,874
East North Central	323,665	57	212,464	7,821,479	1,367	37	1,108,467,435	193,777	5,217
Illinois	97,017	58	63,014	2,480,069	1,481	39	351,592,988	209,987	5,580
Indiana	48,073	57	33,258	1,390,849	1,643	42	197,143,067	232,813	5,928
Michigan	61,546	48	41,241	1,399,776	1,094	34	198,348,713	155,034	4,810
Ohio	82,334	65	53,656	1,869,055	1,471	35	264,832,765	208,420	4,936
Wisconsin	34,695	53	21,295	681,730	1,050	32	96,549,902	148,739	4,534

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 2011

Area of Residence	Persons Served ¹			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000 HI Enrollees ²	With Coinsurance	Number	Per 1,000 HI Enrollees ²	Per Person With Coinsurance	Amount	Per 1,000 HI Enrollees ²	Per Person With Coinsurance
West North Central	151,152	59	83,242	2,647,488	1,034	32	\$375,105,749	\$146,529	\$4,506
Iowa	25,802	57	12,795	361,093	795	28	51,157,212	112,624	3,998
Kansas	22,215	57	12,459	409,072	1,054	33	57,982,095	149,442	4,654
Minnesota	33,120	74	16,863	467,390	1,049	28	66,187,109	148,585	3,925
Missouri	41,267	52	25,829	906,326	1,133	35	128,413,296	160,485	4,972
Nebraska	15,801	63	8,729	288,817	1,157	33	40,916,933	163,847	4,687
North Dakota	5,854	60	2,851	88,224	899	31	12,507,029	127,487	4,387
South Dakota	7,093	57	3,716	126,566	1,018	34	17,942,075	144,365	4,828
South Atlantic	355,151	47	229,368	8,195,748	1,089	36	1,161,551,880	154,270	5,064
Delaware	6,480	44	4,268	149,215	1,015	35	21,151,147	143,940	4,956
District of Columbia	3,734	53	2,442	86,475	1,235	35	12,263,135	175,143	5,022
Florida	128,396	54	84,977	3,154,185	1,332	37	447,077,392	188,775	5,261
Georgia	37,699	38	23,551	871,183	886	37	123,452,727	125,589	5,242
Maryland	39,115	53	25,281	808,655	1,094	32	114,611,008	155,078	4,533
North Carolina	55,070	44	34,872	1,217,248	967	35	172,482,300	136,986	4,946
South Carolina	25,376	38	16,135	616,608	928	38	87,350,185	131,488	5,414
Virginia	46,395	46	30,227	1,008,341	1,008	33	142,932,397	142,903	4,729
West Virginia	12,886	43	7,615	283,838	951	37	40,231,589	134,843	5,283
East South Central	124,474	48	72,781	2,974,714	1,151	41	421,672,692	163,109	5,794
Alabama	31,122	46	15,312	547,463	804	36	77,581,122	113,923	5,067
Kentucky	32,874	51	19,199	772,971	1,211	40	109,559,186	171,594	5,707
Mississippi	20,482	45	12,505	572,145	1,253	46	81,128,867	177,654	6,488
Tennessee	39,996	49	25,765	1,082,135	1,337	42	153,403,517	189,602	5,954

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 2011

Area of Residence	Persons Served ¹			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000 HI Enrollees ²	With Coinsurance	Number	Per 1,000 HI Enrollees ²	Per Person With Coinsurance	Amount	Per 1,000 HI Enrollees ²	Per Person With Coinsurance
West South Central	171,163	43	110,355	4,484,581	1,125	41	\$635,532,203	\$159,423	\$5,759
Arkansas	19,341	42	12,106	425,182	922	35	60,251,196	130,676	4,977
Louisiana	21,687	41	14,448	696,466	1,307	48	98,728,896	185,211	6,833
Oklahoma	21,485	41	12,782	449,691	862	35	63,735,475	122,147	4,986
Texas	108,650	44	71,019	2,913,242	1,179	41	412,816,636	167,097	5,813
Mountain	80,014	38	45,631	1,430,170	680	31	202,573,880	96,314	4,439
Arizona	19,655	32	11,350	303,888	502	27	43,024,304	71,104	3,791
Colorado	19,649	46	11,198	352,487	830	31	49,950,107	117,681	4,461
Idaho	7,056	42	3,829	130,778	772	34	18,527,171	109,301	4,839
Montana	6,170	42	3,103	96,737	658	31	13,705,235	93,208	4,417
Nevada	8,152	32	5,155	184,318	717	36	26,092,496	101,444	5,062
New Mexico	7,138	31	4,272	137,762	589	32	19,523,286	83,513	4,570
Utah	8,992	48	5,039	161,370	853	32	22,842,637	120,714	4,533
Wyoming	3,202	42	1,685	62,830	816	37	8,908,644	115,767	5,287
Pacific	172,296	40	109,305	4,001,725	926	37	566,995,041	131,164	5,187
Alaska	943	14	501	14,699	216	29	2,085,167	30,674	4,162
California	126,878	42	81,938	3,147,018	1,046	38	446,116,580	148,247	5,445
Hawaii	2,870	24	1,800	53,819	443	30	7,371,192	60,709	4,095
Oregon	11,892	31	6,767	187,584	496	28	26,575,550	70,242	3,927
Washington	29,713	40	18,299	598,605	803	33	84,846,552	113,771	4,637
Outlying Areas ⁴	1,471	2	656	18,007	28	27	2,553,672	3,994	3,893

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 Office of Information Products and Data Analytics.

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 2011

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	1,761,988	2,573,854	69,907,104	27.2	39.7	\$41,230,541	\$16,019	\$23,400	\$590
1-8 Days	370,457	546,043	2,588,272	4.7	7.0	2,466,840	4,518	6,659	953
9-20 Days	551,727	781,503	11,316,619	14.5	20.5	8,076,849	10,335	14,639	714
21-40 Days	460,698	687,421	19,923,808	29.0	43.2	11,804,265	17,172	25,623	592
41-60 Days	195,664	299,508	14,780,998	49.4	75.5	8,040,547	26,846	41,094	544
61-80 Days	82,031	128,716	8,932,030	69.4	108.9	4,658,627	36,193	56,791	522
81 Days or More	101,411	130,663	12,365,377	94.6	121.9	6,183,412	47,323	60,974	500
Aged									
Total	1,602,596	2,327,688	63,325,539	27.2	39.5	37,294,974	16,022	23,272	589
1-8 Days	333,001	487,118	2,315,459	4.8	7.0	2,204,170	4,525	6,619	952
9-20 Days	499,667	703,904	10,187,574	14.5	20.4	7,285,649	10,350	14,581	715
21-40 Days	425,211	630,421	18,273,339	29.0	43.0	10,808,353	17,145	25,419	591
41-60 Days	180,269	274,084	13,525,047	49.3	75.0	7,343,739	26,794	40,738	543
61-80 Days	74,613	116,370	8,073,915	69.4	108.2	4,208,317	36,163	56,402	521
81 Days or More	89,835	115,791	10,950,205	94.6	121.9	5,444,746	47,022	60,608	497
Disabled									
Total	159,392	246,166	6,581,565	26.7	41.3	3,935,567	15,987	24,691	598
1-8 Days	37,456	58,925	272,813	4.6	7.3	262,670	4,458	7,013	963
9-20 Days	52,060	77,599	1,129,045	14.5	21.7	791,199	10,196	15,198	701
21-40 Days	35,487	57,000	1,650,469	29.0	46.5	995,912	17,472	28,064	603
41-60 Days	15,395	25,424	1,255,951	49.4	81.6	696,808	27,408	45,262	555
61-80 Days	7,418	12,346	858,115	69.5	115.7	450,310	36,474	60,705	525
81 Days or More	11,576	14,872	1,415,172	95.2	122.3	738,666	49,668	63,810	522

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 2011

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	\$5,612,670	\$2,181	\$3,185	\$80	\$30,101,764	\$11,707	\$17,084	\$431
1-8 Days	68,356	125	185	26	1,221,013	2,240	3,296	472
9-20 Days	317,807	407	576	28	5,548,643	7,108	10,057	490
21-40 Days	1,362,281	1,982	2,957	68	8,939,711	13,015	19,405	449
41-60 Days	1,459,893	4,874	7,461	99	6,148,274	20,536	31,423	416
61-80 Days	994,020	7,723	12,118	111	3,543,552	27,540	43,198	397
81 Days or More	1,410,313	10,794	13,907	114	4,700,571	35,982	46,352	380
Aged								
Total	5,060,763	2,174	3,158	80	27,365,256	11,768	17,076	432
1-8 Days	59,835	123	180	26	1,104,318	2,271	3,316	477
9-20 Days	281,755	400	564	28	5,023,875	7,145	10,054	493
21-40 Days	1,241,193	1,969	2,919	68	8,225,737	13,058	19,345	450
41-60 Days	1,332,194	4,861	7,390	98	5,640,804	20,588	31,291	417
61-80 Days	897,090	7,709	12,023	111	3,209,986	27,595	43,022	398
81 Days or More	1,248,696	10,784	13,900	114	4,160,535	35,940	46,313	380
Disabled								
Total	551,907	2,242	3,463	84	2,736,508	11,130	17,168	416
1-8 Days	8,521	145	227	31	116,695	1,985	3,116	428
9-20 Days	36,052	465	693	32	524,768	6,770	10,080	465
21-40 Days	121,088	2,124	3,412	73	713,974	12,535	20,119	433
41-60 Days	127,699	5,023	8,295	102	507,470	19,971	32,963	404
61-80 Days	96,930	7,851	13,067	113	333,566	27,023	44,967	389
81 Days or More	161,617	10,867	13,961	114	540,036	36,312	46,651	382

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 Office of Information Products and Data Analytics.

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 2011

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	---	2,573,854	100.0
Leading Diagnoses ⁵	---	2,138,270	83.1
Infectious and Parasitic Diseases (MDC 1)	001-139	33,404	1.3
Septicemia	038	12,251	0.5
Other	---	21,153	0.8
Neoplasms (MDC 2)	140-239	46,363	1.8
Malignant Neoplasm of Colon	153	3,611	0.1
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	1,492	0.1
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	6,907	0.3
Malignant Neoplasm of Female Breast	174	2,039	0.1
Malignant Neoplasm of Prostate	185	2,269	0.1
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	1,997	0.1
Other	---	28,048	1.1
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	57,834	2.2
Diabetes	250	26,651	1.0
Nutritional Deficiencies	260-263	1,557	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	15,282	0.6
Other	---	14,344	0.6
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	19,497	0.8
Other and Unspecified Anemias	285	12,463	0.5
Other	---	7,034	0.3
Mental Disorders (MDC 5)	290-319	59,512	2.3
Senile and Prosenile Organic Psychotic Conditions	290	13,788	0.5
Other Organic Psychotic Conditions (Chronic)	294	21,385	0.8
Other Non-Organic Psychoses	298	3,474	0.1
Other	---	20,865	0.8
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	57,286	2.2
Other Cerebral Degenerations	331	15,688	0.6
Parkinson's Disease	332	9,445	0.4
Hemiplegia and Hemiparesis	342	1,438	0.1
Other	---	30,715	1.2

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 2011

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
69,907	1,935	27	\$41,230,541	\$16,019	\$590	\$30,101,764	\$11,707	\$431
57,877	1,602	27	34,507,755	16,138	596	25,081,417	11,742	433
848	23	25	548,730	16,427	647	411,058	12,318	484
280	8	23	206,246	16,835	737	121,262	9,905	433
569	16	27	342,484	16,191	602	289,797	13,716	510
1,038	29	22	592,453	12,779	571	430,966	9,308	415
81	2	23	45,619	12,633	561	34,443	9,551	424
34	1	23	18,999	12,734	557	14,252	9,571	418
137	4	20	80,657	11,678	590	56,283	8,163	412
50	1	25	27,809	13,639	553	20,315	9,973	404
55	2	24	29,730	13,103	540	22,969	10,168	417
39	1	20	26,857	13,449	682	16,279	8,176	413
641	18	23	362,783	12,934	566	266,425	9,508	416
1,681	47	29	903,690	15,626	538	674,828	11,680	401
814	23	31	433,038	16,248	532	318,442	11,962	391
45	1	29	25,657	16,479	567	17,087	11,002	377
405	11	27	221,961	14,524	548	168,876	11,064	417
416	12	29	223,034	15,549	536	170,424	11,886	409
530	15	27	288,141	14,779	544	215,670	11,071	407
342	9	27	184,296	14,787	538	139,516	11,205	407
187	5	27	103,845	14,763	555	76,154	10,834	407
1,884	52	32	882,954	14,837	469	678,569	11,415	360
458	13	33	214,322	15,544	468	169,020	12,269	369
693	19	32	314,025	14,684	453	245,754	11,509	355
108	3	31	51,741	14,894	477	39,467	11,374	364
625	17	30	302,865	14,515	485	224,327	10,762	359
1,836	51	32	941,968	16,443	513	728,042	12,724	397
508	14	32	228,852	14,588	451	182,276	11,632	359
337	9	36	174,068	18,430	517	137,665	14,595	409
55	2	38	29,661	20,626	541	23,404	16,286	427
937	26	30	509,388	16,584	544	384,698	12,540	411

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 2011

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	322,492	12.5
Essential Hypertension	401	31,467	1.2
Acute Myocardial Infarction	410	13,351	0.5
Other Forms of Chronic Ischemic Heart Disease	414	18,460	0.7
Cardiac Dysrhythmia	427	32,688	1.3
Heart Failure	428	80,334	3.1
III-Defined Descriptions and Complication of Heart Disease	429	2,004	0.1
Intracranial Hemorrhage	431	2,359	0.1
Occlusion of Cerebral Arteries	434	14,871	0.6
Transient Cerebral Ischemia	435	6,910	0.3
Acute, But III-Defined, Cerebrovascular Disease	436	21,952	0.9
Other and III-Defined Cerebrovascular Disease	437	2,450	0.1
Late Effects of Cerebrovascular Disease	438	39,161	1.5
Atherosclerosis	440	1,342	0.1
Other Peripheral Vascular Disease	443	6,364	0.2
Venous Embolism and Thrombosis	453	8,470	0.3
Other	---	40,309	1.6
Diseases of the Respiratory System (MDC 8)	460-519	221,085	8.6
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	7,855	0.3
Pneumonia, Organism Unspecified	486	88,736	3.4
Chronic Bronchitis	491	16,646	0.6
Chronic Airway Obstruction	496	42,116	1.6
Pneumonitis Due to Solids and Liquids	507	11,640	0.5
Other Diseases of Lung	518	27,456	1.1
Other	---	26,636	1.0
Diseases of the Digestive System (MDC 9)	520-579	73,746	2.9
Intestinal Obstruction Without Mention of Hernia	560	8,728	0.3
Diverticula of Intestine	562	4,801	0.2
Gastrointestinal Hemorrhage	578	19,490	0.8
Other	---	40,727	1.6

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 2011

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
9,343	259	29	\$5,127,300	\$15,899	\$549	\$3,915,026	\$12,153	\$419
979	27	31	515,363	16,378	526	406,527	12,932	415
327	9	24	182,316	13,656	558	135,945	10,194	416
466	13	25	255,919	13,863	549	196,362	10,648	421
883	24	27	478,582	14,641	542	370,182	11,338	419
2,054	57	26	1,131,461	14,084	551	832,456	10,374	405
60	2	30	31,199	15,568	516	24,323	12,155	402
79	2	33	44,970	19,063	570	35,601	15,111	452
488	13	33	282,472	18,995	579	220,026	14,813	451
204	6	30	112,556	16,289	552	88,052	12,756	431
777	21	35	425,862	19,400	548	334,191	15,243	430
82	2	34	43,421	17,723	528	35,574	14,538	433
1,407	39	36	766,795	19,581	545	598,984	15,312	426
34	1	26	20,426	15,221	593	13,859	10,335	402
187	5	29	99,699	15,666	533	73,348	11,536	392
243	7	29	132,112	15,598	545	98,637	11,655	407
1,073	30	27	604,147	14,988	563	450,958	11,198	420
5,605	155	25	3,359,196	15,194	599	2,371,774	10,739	423
182	5	23	119,095	15,162	653	77,266	9,849	424
2,198	61	25	1,259,377	14,192	573	925,528	10,440	421
375	10	23	238,358	14,319	635	158,188	9,512	422
1,134	31	27	601,038	14,271	530	443,633	10,547	391
297	8	26	173,117	14,873	583	123,530	10,620	416
744	21	27	589,251	21,462	792	363,805	13,265	489
674	19	25	378,958	14,227	562	279,823	10,516	415
1,851	51	25	1,023,766	13,882	553	767,194	10,414	415
213	6	24	118,999	13,634	559	89,720	10,290	422
117	3	24	67,180	13,993	572	50,379	10,496	429
513	14	26	270,200	13,864	527	208,363	10,704	406
1,008	28	25	567,387	13,931	563	418,732	10,293	415

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 2011

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	125,367	4.9
Chronic Renal Failure	585	23,055	0.9
Renal Failure, Unspecified	586	7,690	0.3
Other Disorders of Urethra and Urinary Tract	599	69,422	2.7
Other	---	25,200	1.0
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	47,079	1.8
Other Cellulitis and Abscess	682	31,417	1.2
Chronic Ulcer of Skin	707	13,159	0.5
Other	---	2,503	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	176,385	6.9
Osteoarthritis and Allied Disorders	715	34,162	1.3
Other and Unspecified Disorders of Joint	719	32,778	1.3
Other and Unspecified Disorders of Back	724	14,510	0.6
Disorders of Muscle, Ligament, and Fascia	728	59,475	2.3
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	8,070	0.3
Other Disorders of Bone and Cartilage	733	8,129	0.3
Other	---	19,261	0.7
Congenital Anomalies (MDC 14)	740-759	3,229	0.1
Other III Defined Conditions (MDC 16)	780-799	179,540	7.0
General Symptoms	780	75,653	2.9
Symptoms Involving Nervous and Musculoskeletal Systems	781	23,109	0.9
Symptoms Involving Cardiovascular System	785	3,795	0.1
Symptoms Involving Respiratory System and Other Chest Symptoms	786	14,793	0.6
Symptoms Involving Digestive System	787	12,551	0.5
Other	---	49,639	1.9
Injury and Poisoning (MDC 17)	800-999	151,746	5.9
Fracture, Vertebra without Mention of Spinal Cord Injury	805	9,217	0.4
Fracture, Pelvis	808	9,459	0.4
Fracture, Humerus	812	7,190	0.3
Fracture, Neck of Femur	820	40,303	1.6
Fracture, Other and Unspecified Parts of Femur	821	8,735	0.3
Fracture, Tibia, Fibula	823	4,341	0.2
Fracture of Ankle	824	5,419	0.2
Amputation of Leg(s)	897	2,794	0.1
Other	---	64,288	2.5
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 2011

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
3,429	95	27	\$1,831,929	\$14,613	\$534	\$1,397,741	\$11,159	\$408
613	17	27	311,441	13,509	508	235,185	10,212	384
214	6	28	113,956	14,819	533	85,074	11,072	398
1,929	53	28	1,037,974	14,952	538	800,705	11,544	415
674	19	27	368,558	14,625	547	276,777	10,993	411
1,421	39	30	810,308	17,212	570	566,696	12,049	399
876	24	28	516,682	16,446	590	365,916	11,656	418
473	13	36	253,141	19,237	535	171,644	13,063	363
71	2	28	40,485	16,174	572	29,136	11,654	412
4,915	136	28	2,731,431	15,486	556	2,105,441	11,951	428
750	21	22	441,796	12,932	589	348,907	10,223	465
952	26	29	517,041	15,774	543	414,328	12,659	435
379	10	26	217,605	14,997	574	169,318	11,686	447
1,789	49	30	944,120	15,874	528	736,997	12,405	412
255	7	32	166,212	20,596	651	99,090	12,291	388
256	7	32	137,511	16,916	537	106,986	13,181	417
534	15	28	307,146	15,947	575	229,815	11,948	430
88	2	27	46,489	14,397	531	36,334	11,266	415
5,067	140	28	2,777,355	15,469	548	2,120,409	11,826	418
2,138	59	28	1,167,029	15,426	546	907,923	12,014	425
689	19	30	393,021	17,007	570	298,761	12,950	434
99	3	26	54,327	14,316	547	40,790	10,774	411
373	10	25	207,976	14,059	557	155,756	10,546	417
396	11	32	194,639	15,508	492	154,072	12,293	389
1,371	38	28	760,363	15,318	554	563,107	11,359	411
5,027	139	33	2,824,630	18,614	562	2,151,216	14,194	428
281	8	30	156,067	16,933	556	122,692	13,324	437
314	9	33	175,315	18,534	558	140,502	14,874	448
269	7	37	148,969	20,719	554	115,346	16,065	429
1,466	41	36	808,313	20,056	551	638,213	15,855	435
339	9	39	184,212	21,089	543	143,872	16,493	424
169	5	39	92,542	21,318	547	70,818	16,340	419
202	6	37	111,957	20,660	554	84,754	15,649	419
93	3	33	47,017	16,828	508	34,312	12,303	371
1,894	52	29	1,100,238	17,114	581	800,707	12,471	423

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 2011

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-V91	996,607	38.7
Organ of Tissue Replaced by Other Means	V43	23,433	0.9
Orthopedic Aftercare	V54	114,518	4.4
Care Involving Use of Rehabilitation Procedures	V57	757,608	29.4
Encounter for Other and Unspecified Procedures and Aftercare	V58	57,368	2.2
Convalescence	V66	4,729	0.2
Other	---	38,951	1.5

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 Office of Information Products and Data Analytics.

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 2011

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
25,263	699	25	\$16,495,888	\$16,552	\$653	\$11,496,560	\$11,546	\$455
501	14	21	306,725	13,089	612	239,318	10,224	477
3,367	93	29	2,036,396	17,782	605	1,501,731	13,128	446
18,819	521	25	12,521,650	16,528	665	8,633,229	11,405	459
1,310	36	23	909,429	15,853	694	584,855	10,200	446
78	2	17	61,386	12,981	786	48,533	10,278	622
1,188	33	31	660,302	16,952	556	488,894	12,566	411

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 2011

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	15,132	2,460,764	100.0	68,776	100.0	27.9	\$28,781,518	100.0	\$11,709	\$418
1-49 Beds	2,171	237,941	9.7	4,818	7.0	20.2	1,957,221	6.8	8,232	406
50-99 Beds	5,500	613,665	24.9	17,644	25.7	28.8	7,251,046	25.2	11,827	411
100-149 Beds	4,939	923,681	37.5	26,744	38.9	29.0	11,052,526	38.4	11,981	413
150-199 Beds	1,644	406,185	16.5	11,618	16.9	28.6	4,947,716	17.2	12,194	426
200 Beds or More	878	279,292	11.3	7,951	11.6	28.5	3,573,010	12.4	12,805	449
Hospital Based										
Total	881	167,082	100.0	2,636	100.0	15.8	1,003,939	100.0	6,012	381
1-49 Beds	518	109,151	65.3	1,393	52.8	12.8	527,968	52.6	4,840	379
50-99 Beds	210	26,263	15.7	535	20.3	20.4	199,974	19.9	7,621	374
100-149 Beds	93	15,827	9.5	327	12.4	20.7	116,596	11.6	7,375	356
150-199 Beds	31	5,529	3.3	138	5.2	24.9	52,167	5.2	9,439	378
200 Beds or More	29	10,312	6.2	243	9.2	23.5	107,235	10.7	10,403	442
Non-Hospital Based										
Total	14,251	2,293,682	100.0	66,140	100.0	28.8	27,777,579	100.0	12,124	420
1-49 Beds	1,653	128,790	5.6	3,425	5.2	26.6	1,429,253	5.1	11,110	417
50-99 Beds	5,290	587,402	25.6	17,109	25.9	29.1	7,051,072	25.4	12,015	412
100-149 Beds	4,846	907,854	39.6	26,417	39.9	29.1	10,935,930	39.4	12,061	414
150-199 Beds	1,613	400,656	17.5	11,480	17.4	28.7	4,895,549	17.6	12,232	426
200 Beds or More	849	268,980	11.7	7,709	11.7	28.7	3,465,775	12.5	12,897	450
Swing-Bed Hospitals³										
Total	522	113,090	100.0	1,131	100.0	10.0	1,320,246	100.0	11,677	1,167
1-49 Beds	283	97,824	86.5	1,004	88.7	10.3	1,274,635	96.5	13,033	1,270
50-99 Beds	239	15,266	13.5	127	11.3	8.3	45,610	3.5	2,989	358

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 Office of Information Products and Data Analytics.

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, 2011

Principal ICD-9-CM Diagnosis ¹	ICD-9-CM Code	1998 Covered Admissions ²			2003 Covered Admissions ²			2011 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	2,573,854	27.2	\$11,707
Pneumonia, Organism Unspecified	486	89,866	21.2	5,278	110,329	23.2	5,866	88,736	24.8	10,440
Heart Failure	428	96,921	21.7	5,215	113,309	24.0	5,892	80,334	25.6	10,374
General Symptoms	780	43,210	24.0	5,861	73,259	26.6	6,842	75,653	28.3	12,014
Other Disorders of Urethra and Urinary Tract	599	40,642	24.7	6,009	61,330	26.3	6,517	69,422	27.8	11,544
Disorders of Muscle, Ligament, and Fascia	728	7,998	23.6	6,070	18,800	29.8	7,528	59,475	30.1	12,405
Chronic Airway Obstruction	496	42,300	24.4	5,619	48,291	25.6	6,079	42,116	26.9	10,547
Fracture, Neck or Femur	820	133,347	28.9	7,021	108,238	34.2	9,021	40,303	36.4	15,855
Late Effects of Cerebrovascular Disease	438	17,242	31.2	7,068	40,601	33.0	8,912	39,161	35.9	15,312
Osteoarthritis and Allied Disorders	715	54,851	14.5	4,360	49,512	19.3	5,616	34,162	22.0	10,223
Other and Unspecified Disorders of Joint	719	10,499	22.9	5,853	20,787	28.3	7,402	32,778	29.0	12,659

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 2011; 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 Information Products and Data Analytics.

Table 6.9
Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,
and Major RUG-IV Groups: Calendar Year 2011

State of Provider	Total Days	RUG-IV Rehabilitation Groups					
		Total	Ultra High	Very High	High	Medium	Low
United States ²	72,058,248	63,457,697	31,880,887	18,878,983	7,563,312	5,058,759	75,756
Alabama	1,129,707	984,156	512,972	279,247	104,818	84,962	2,157
Alaska	18,020	12,732	1,457	2,648	3,595	5,025	(3)
Arizona	682,942	573,437	287,395	181,823	62,813	41,161	245
Arkansas	750,977	653,008	304,923	205,099	85,197	56,784	1,005
California	5,516,680	4,862,978	3,035,690	1,215,918	369,223	238,634	3,513
Colorado	688,791	625,013	337,652	194,729	53,770	38,417	445
Connecticut	1,254,469	1,056,015	421,901	395,027	145,854	92,454	779
Delaware	271,221	250,017	153,021	64,595	17,701	14,549	151
District of Columbia	88,382	80,322	30,220	26,141	13,735	10,214	12
Florida	5,668,507	5,171,715	3,639,722	1,006,805	301,711	221,044	2,433
Georgia	1,568,883	1,315,350	555,309	411,769	199,281	143,812	5,179
Hawaii	109,636	90,476	46,390	22,549	10,781	10,543	213
Idaho	254,335	219,417	106,609	62,722	27,146	22,135	805
Illinois	4,161,495	3,846,211	1,771,156	1,313,975	489,053	263,040	8,987
Indiana	2,312,323	2,102,686	983,087	688,101	267,999	161,236	2,263
Iowa	701,331	616,929	137,946	220,494	173,646	83,705	1,138
Kansas	728,934	648,654	250,800	226,106	111,368	59,128	1,252
Kentucky	1,303,631	1,121,452	519,542	336,263	145,571	118,041	2,035
Louisiana	1,075,949	979,191	419,824	343,844	131,537	83,483	503
Maine	351,036	309,729	152,738	99,154	32,819	24,212	806
Maryland	1,593,021	1,400,061	768,499	419,362	123,684	87,921	595
Massachusetts	2,211,764	1,870,223	1,081,278	509,146	155,370	123,852	577
Michigan	2,641,895	2,387,719	1,233,409	744,526	256,260	152,025	1,499
Minnesota	1,070,003	906,300	280,192	338,293	182,959	104,471	385
Mississippi	867,567	782,710	356,850	241,738	106,591	77,029	502
Missouri	1,652,864	1,466,751	524,975	582,854	231,018	127,269	635
Montana	175,282	150,893	29,578	53,183	41,303	26,535	294
Nebraska	530,599	466,527	149,924	155,944	97,444	62,214	1,001
Nevada	368,017	288,518	163,418	78,322	27,176	19,243	359
New Hampshire	385,562	331,926	200,691	82,579	27,253	20,778	625

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-IV Groups: Calendar Year 2011

Other Major RUG-IV Groups							Case-Mix Index ¹	
Total	Extensive Care	Special Care	Clinically Complex	Behavioral Symptoms and Cognitive Performance	Reduced Physical Function	Not Otherwise Classified	Nursing	Therapy
8,600,551	454,217	3,292,376	1,695,193	232,027	1,056,312	1,870,426	1.64	1.47
145,551	5,122	62,012	23,409	4,422	18,661	31,925	1.63	1.48
5,288	140	2,320	2,171	94	504	59	1.44	0.94
109,505	5,138	21,319	19,226	1,345	8,397	54,080	1.55	1.48
97,969	9,470	42,748	22,801	5,064	16,599	1,287	1.65	1.43
653,702	60,759	250,101	107,084	13,091	50,216	172,451	1.71	1.58
63,778	1,887	18,917	19,246	1,863	8,402	13,463	1.66	1.52
198,454	6,621	77,251	46,811	6,923	24,583	36,265	1.60	1.39
21,204	972	7,500	4,865	594	4,633	2,640	1.68	1.57
8,060	1,242	4,206	1,926	103	424	159	1.65	1.34
496,792	18,444	179,777	78,290	11,255	59,871	149,155	1.71	1.64
253,533	8,608	104,603	41,349	8,077	27,334	63,562	1.59	1.38
19,160	1,127	5,969	3,889	111	1,129	6,935	1.58	1.44
34,918	969	10,240	9,295	796	4,972	8,646	1.59	1.44
315,284	37,840	131,939	72,777	9,904	36,780	26,044	1.65	1.44
209,637	6,889	67,124	41,756	6,377	32,091	55,400	1.62	1.44
84,402	3,971	31,381	25,647	2,704	13,909	6,790	1.55	1.19
80,280	2,429	27,904	20,354	4,888	12,386	12,319	1.55	1.37
182,179	11,286	73,533	46,255	4,867	28,580	17,658	1.65	1.42
96,758	5,302	53,443	17,467	2,826	9,111	8,609	1.59	1.41
41,307	357	14,050	10,241	838	6,399	9,422	1.57	1.47
192,960	11,780	83,792	41,355	5,140	31,511	19,382	1.66	1.52
341,541	4,125	116,279	66,427	15,527	62,486	76,697	1.64	1.54
254,176	13,600	99,757	53,374	8,954	33,415	45,076	1.61	1.49
163,703	3,209	43,247	36,596	2,583	17,619	60,449	1.52	1.29
84,857	2,604	42,672	17,238	3,940	15,009	3,394	1.61	1.42
186,113	6,353	62,102	43,841	8,592	27,762	37,463	1.54	1.36
24,389	501	8,830	9,032	1,126	3,572	1,328	1.50	1.15
64,072	1,958	21,180	19,063	2,451	10,998	8,422	1.54	1.28
79,499	6,869	11,837	8,925	443	3,664	47,761	1.61	1.52
53,636	750	17,891	14,890	3,001	11,414	5,690	1.60	1.55

Table 6.9
Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,
and Major RUG-IV Groups: Calendar Year 2011

State of Provider	Total Days	RUG-IV Rehabilitation Groups					
		Total	Ultra High	Very High	High	Medium	Low
New Jersey	2,873,954	2,596,330	1,594,137	585,873	225,051	188,123	3,146
New Mexico	247,688	218,437	105,525	66,173	27,363	19,284	92
New York	4,195,708	3,541,855	1,407,440	950,442	687,501	484,585	11,887
North Carolina	2,285,933	2,000,224	900,620	666,936	247,869	183,934	865
North Dakota	159,097	124,628	25,277	33,359	34,073	31,727	192
Ohio	3,613,479	3,191,114	1,706,731	929,109	325,878	227,265	2,131
Oklahoma	768,218	662,515	234,045	257,333	101,113	69,322	702
Oregon	410,639	354,954	152,976	125,955	47,975	27,802	246
Pennsylvania	3,487,401	3,023,249	1,458,633	927,187	365,742	268,274	3,413
Rhode Island	284,194	239,086	145,455	64,238	17,791	11,571	31
South Carolina	1,090,331	974,695	430,201	316,345	137,987	89,069	1,093
South Dakota	211,559	180,367	56,752	58,553	41,606	23,060	396
Tennessee	1,921,857	1,649,281	897,609	454,981	169,611	125,137	1,943
Texas	4,877,661	4,342,639	2,140,765	1,383,917	494,706	317,984	5,267
Utah	353,598	321,466	187,148	88,712	29,253	16,067	286
Vermont	162,107	135,441	57,485	42,254	19,509	16,077	116
Virginia	1,903,652	1,673,228	706,588	577,069	225,983	162,918	670
Washington	1,128,315	986,479	523,270	287,421	102,441	72,537	810
West Virginia	446,601	384,752	189,546	93,440	53,843	47,862	61
Wisconsin	1,407,761	1,208,052	471,124	444,092	200,179	90,713	1,944
Wyoming	94,672	77,789	32,392	22,638	11,162	11,532	65

¹The purpose of the RUG-IV 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-IV 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-IV is Resource Utilization Groups, Version IV. For a complete description of the RUG-IV classification system and the RUG-66 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 Information Products and Data Analytics.

Table 6.9--Continued
Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,
and Major RUG-IV Groups: Calendar Year 2011

Other Major RUG-IV Groups							Case-Mix Index ¹	
Total	Extensive Care	Special Care	Clinically Complex	Behavioral Symptoms and Cognitive Performance	Reduced Physical Function	Not Otherwise Classified	Nursing	Therapy
277,624	19,820	144,937	50,615	6,080	31,568	24,604	1.71	1.55
29,251	664	9,082	9,057	1,116	3,711	5,621	1.59	1.45
653,853	63,296	330,842	102,426	4,897	32,866	119,526	1.66	1.33
285,709	12,580	104,071	63,448	6,040	40,191	59,379	1.60	1.42
34,469	1,025	14,129	12,277	950	5,201	887	1.52	1.09
422,365	16,423	142,583	65,676	9,679	35,717	152,287	1.64	1.50
105,703	6,202	40,100	31,664	5,580	18,160	3,997	1.55	1.35
55,685	733	11,850	10,082	450	4,635	27,935	1.53	1.42
464,152	17,542	139,478	68,373	5,852	51,096	181,811	1.65	1.45
45,108	1,296	8,306	7,042	886	4,923	22,655	1.54	1.57
115,636	4,074	52,264	23,275	3,412	20,247	12,364	1.60	1.41
31,192	793	10,768	11,359	813	4,404	3,055	1.53	1.27
272,576	12,630	104,345	51,575	8,657	44,965	50,404	1.68	1.50
535,022	31,336	236,617	110,340	25,581	86,846	44,302	1.64	1.47
32,132	1,002	5,865	4,627	463	1,674	18,501	1.67	1.55
26,666	503	10,950	7,132	1,058	3,657	3,366	1.57	1.38
230,424	12,242	99,806	52,998	4,219	31,535	29,624	1.60	1.40
141,836	4,156	52,612	33,255	3,487	23,847	24,479	1.65	1.49
61,849	2,496	24,725	16,473	1,448	7,721	8,986	1.64	1.42
199,709	4,796	49,974	30,118	2,756	18,326	93,739	1.54	1.38
16,883	286	5,148	7,781	704	2,591	373	1.58	1.35