

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 1967-2012

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
2012	68,687	1,861	43,069	627	345,423	27,632	64.2	8.0	749	402

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 1967-2012

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
2012	62,057	2,066	38,874	626	277,170	25,048	64.4	9.0	834	404

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 1967-2012

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
2012	6,630	965	4,195	633	68,253	2,584	61.6	3.8	376	390

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 Office of Information Products & 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 2012

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	2,509,982	68	68,687	1,861	27	\$43,068,840	\$17,159	627	\$27,632,152	64	11,019	402
Age												
Under 65 Years	235,599	34	6,362	926	27	4,025,032	17,084	633	2,480,614	62	10,542	390
65-69 Years	268,698	27	6,925	699	26	4,461,674	16,605	644	2,754,254	62	10,261	398
70-74 Years	274,327	41	6,980	1,032	25	4,578,629	16,690	656	2,844,938	62	10,381	408
75-79 Years	356,126	71	9,338	1,849	26	6,012,242	16,882	644	3,798,679	63	10,676	407
80-84 Years	463,355	117	12,659	3,201	27	7,973,593	17,208	630	5,135,844	64	11,094	406
85 Years or Over	911,877	209	26,423	6,056	29	16,017,671	17,566	606	10,617,824	66	11,654	402
Sex												
Male	953,919	56	25,188	1,485	26	15,951,682	16,722	633	10,211,038	64	10,715	405
Female	1,556,063	78	43,500	2,181	28	27,117,158	17,427	623	17,421,114	64	11,206	400
Race⁴												
White	2,128,871	70	57,471	1,882	27	36,144,529	16,978	629	23,097,271	64	10,859	402
Other	374,045	61	11,028	1,796	29	6,801,279	18,183	617	4,457,045	66	11,930	404
Type of Entitlement												
Aged ⁵	2,264,380	75	62,057	2,066	27	38,873,606	17,167	626	25,047,895	64	11,072	404
Disabled ⁶	245,602	36	6,630	965	27	4,195,235	17,081	633	2,584,257	62	10,535	390
Discharge Status												
Alive	2,422,651	----	67,013	----	28	42,099,643	17,378	628	26,986,862	64	11,150	403
Dead	87,331	----	1,674	----	19	969,198	11,098	579	645,291	67	7,397	385

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 & 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 2012

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	2,509,982	68	68,687	1,861	27.4	\$43,068,840	\$17,159	\$627	\$27,632,152	\$11,019	\$402
United States	2,508,137	69	68,645	1,893	27.4	43,042,592	17,161	627	27,617,002	11,021	402
Northeast	536,901	79	14,225	2,088	26.5	9,584,622	17,852	674	6,142,300	11,447	432
Midwest	680,193	81	18,059	2,153	26.6	11,121,955	16,351	616	7,047,305	10,370	390
South	936,135	65	26,596	1,847	28.4	15,400,015	16,451	579	9,717,294	10,391	365
West	354,908	53	9,765	1,465	27.5	6,936,000	19,543	710	4,710,103	13,287	482
New England	170,169	82	4,252	2,044	25.0	2,919,180	17,155	687	1,862,245	10,949	438
Connecticut	45,578	98	1,142	2,464	25.1	770,725	16,910	675	491,618	10,789	430
Maine	15,399	65	347	1,473	22.5	244,489	15,877	704	145,602	9,463	420
Massachusetts	78,774	86	1,963	2,134	24.9	1,392,871	17,682	709	872,579	11,084	444
New Hampshire	14,531	64	390	1,716	26.8	261,094	17,968	670	176,565	12,158	453
Rhode Island	9,368	77	241	1,974	25.7	151,233	16,144	627	100,191	10,703	416
Vermont	6,519	58	168	1,510	25.8	98,768	15,151	587	75,690	11,616	449
Middle Atlantic	366,732	77	9,973	2,107	27.2	6,665,442	18,175	668	4,280,055	11,678	429
New Jersey	109,708	93	2,768	2,359	25.2	2,109,030	19,224	762	1,263,577	11,520	456
New York	142,050	68	4,081	1,950	28.7	2,576,944	18,141	631	1,836,841	12,941	450
Pennsylvania	114,974	78	3,124	2,130	27.2	1,979,469	17,217	634	1,179,637	10,269	378
East North Central	465,097	80	13,106	2,261	28.2	8,075,499	17,363	616	5,023,206	10,810	383
Illinois	143,137	84	4,061	2,377	28.4	2,679,234	18,718	660	1,615,218	11,291	398
Indiana	68,557	80	2,191	2,556	32.0	1,200,312	17,508	548	793,276	11,579	362
Michigan	88,774	68	2,454	1,885	27.6	1,499,233	16,888	611	925,622	10,435	377
Ohio	118,858	93	3,192	2,503	26.9	1,986,165	16,710	622	1,192,360	10,048	374
Wisconsin	45,771	70	1,207	1,844	26.4	710,555	15,524	589	496,731	10,861	411

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 2012

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	215,096	83	4,953	1,912	23.0	\$3,046,456	\$14,163	\$615	\$2,024,099	\$9,419	\$409
Iowa	37,025	80	743	1,607	20.1	458,896	12,394	618	329,886	8,915	444
Kansas	32,144	81	753	1,896	23.4	469,425	14,604	624	326,935	10,187	434
Minnesota	45,641	103	979	2,208	21.5	578,062	12,665	590	428,480	9,399	438
Missouri	60,006	74	1,542	1,902	25.7	950,646	15,843	617	538,461	8,980	349
Nebraska	22,162	87	529	2,079	23.9	347,014	15,658	656	230,742	10,431	436
North Dakota	8,451	86	181	1,845	21.4	104,576	12,374	578	71,537	8,466	395
South Dakota	9,667	78	227	1,821	23.5	137,836	14,258	607	98,057	10,145	432
South Atlantic	507,242	66	14,249	1,848	28.1	8,050,652	15,871	565	5,343,272	10,541	375
Delaware	9,315	61	268	1,759	28.8	154,973	16,637	579	113,230	12,156	423
District of Columbia	5,383	75	155	2,146	28.7	100,955	18,754	653	64,754	12,043	419
Florida	186,300	78	5,307	2,223	28.5	3,122,535	16,761	588	2,082,462	11,184	392
Georgia	53,534	53	1,505	1,488	28.1	759,947	14,196	505	540,327	10,104	359
Maryland	57,173	74	1,497	1,946	26.2	847,952	14,831	566	601,443	10,521	402
North Carolina	76,817	59	2,175	1,680	28.3	1,126,244	14,661	518	759,480	9,892	349
South Carolina	34,603	51	1,053	1,541	30.4	577,286	16,683	548	372,370	10,778	353
Virginia	65,835	64	1,801	1,740	27.4	1,076,753	16,355	598	643,341	9,777	357
West Virginia	18,282	60	489	1,612	26.7	284,005	15,535	581	165,864	9,087	339
East South Central	179,340	68	5,014	1,900	28.0	2,824,950	15,752	563	1,743,138	9,726	348
Alabama	42,714	61	1,096	1,569	25.7	524,210	12,273	478	366,866	8,597	335
Kentucky	48,220	73	1,275	1,938	26.4	769,424	15,957	604	445,997	9,257	350
Mississippi	29,970	65	884	1,908	29.5	585,107	19,523	662	334,922	11,182	379
Tennessee	58,436	71	1,760	2,148	30.1	946,210	16,192	538	595,352	10,192	338

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 2012

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	249,553	62	7,332	1,811	29.4	\$4,524,412	\$18,130	\$617	\$2,630,884	\$10,564	\$359
Arkansas	27,796	60	724	1,554	26.1	459,659	16,537	635	242,323	8,725	335
Louisiana	33,590	62	1,049	1,932	31.2	626,079	18,639	597	347,532	10,352	331
Oklahoma	31,823	60	805	1,508	25.3	497,857	15,645	618	280,013	8,853	348
Texas	156,344	62	4,754	1,897	30.4	2,940,818	18,810	619	1,761,015	11,283	370
Mountain	106,974	49	2,713	1,242	25.4	1,775,166	16,594	654	1,160,699	10,868	428
Arizona	26,171	42	631	1,003	24.1	392,279	14,989	622	270,593	10,365	429
Colorado	26,430	60	660	1,486	25.0	444,530	16,819	674	291,760	11,049	442
Idaho	9,082	52	234	1,339	25.7	148,509	16,352	636	93,892	10,377	402
Montana	8,301	55	192	1,261	23.1	121,706	14,662	635	84,289	10,157	439
Nevada	11,085	41	308	1,146	27.8	202,219	18,243	656	142,018	12,846	461
New Mexico	9,365	39	257	1,077	27.5	179,227	19,138	697	98,301	10,510	382
Utah	12,218	62	317	1,613	26.0	208,798	17,089	658	130,955	10,726	413
Wyoming	4,322	54	114	1,411	26.4	77,898	18,024	684	48,891	11,315	429
Pacific	247,934	55	7,051	1,574	28.4	5,160,834	20,815	732	3,549,404	14,330	503
Alaska	1,142	16	28	385	24.3	30,907	27,064	1114	18,512	16,210	667
California	187,806	60	5,441	1,736	29.0	4,077,329	21,710	749	2,791,988	14,877	513
Hawaii	3,395	28	105	857	30.9	79,264	23,347	756	46,968	14,092	448
Oregon	15,669	40	383	973	24.5	270,052	17,235	705	182,049	11,626	475
Washington	39,922	53	1,095	1,445	27.4	703,282	17,616	642	509,888	12,785	466
Outlying Areas ⁵	1,845	3	42	66	23.0	26,249	14,227	618	15,151	8,216	357

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 & 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 2012

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	1,737,899	47	1,093,090	38,711,521	1,049	35	\$5,603,847,634	\$151,837	\$5,127
United States	1,736,416	48	1,092,431	38,691,557	1,067	35	5,600,956,383	154,467	5,127
Northeast	371,019	54	235,759	7,769,980	1,141	33	1,124,820,231	165,120	4,771
Midwest	465,141	55	289,898	10,128,524	1,208	35	1,466,250,266	174,805	5,058
South	647,251	45	410,767	15,345,887	1,066	37	2,221,459,679	154,314	5,408
West	253,005	38	156,007	5,447,166	817	35	788,426,207	118,311	5,054
New England	118,660	57	70,391	2,222,661	1,069	32	321,804,468	154,722	4,572
Connecticut	31,588	68	19,216	593,589	1,281	31	85,945,748	185,411	4,473
Maine	11,181	47	6,051	162,732	691	27	23,552,161	99,973	3,892
Massachusetts	54,508	59	32,275	1,027,877	1,117	32	148,826,702	161,761	4,611
New Hampshire	10,343	46	6,142	218,741	963	36	31,664,891	139,429	5,155
Rhode Island	6,316	52	3,974	129,012	1,056	32	18,681,400	152,967	4,701
Vermont	4,724	42	2,733	90,710	814	33	13,133,566	117,803	4,806
Middle Atlantic	252,359	53	165,368	5,547,319	1,172	34	803,015,763	169,689	4,856
New Jersey	73,524	63	46,980	1,478,062	1,260	31	213,987,464	182,354	4,555
New York	100,145	48	67,154	2,308,651	1,103	34	334,246,599	159,729	4,977
Pennsylvania	78,690	54	51,234	1,760,606	1,201	34	254,781,700	173,769	4,973
East North Central	316,483	55	208,154	7,574,807	1,307	36	1,096,610,756	189,148	5,268
Illinois	94,652	55	62,071	2,420,820	1,417	39	350,587,274	205,203	5,648
Indiana	47,314	55	32,908	1,354,843	1,580	41	196,197,046	228,869	5,962
Michigan	61,153	47	40,991	1,369,283	1,052	33	198,185,278	152,227	4,835
Ohio	79,940	63	51,839	1,790,833	1,404	35	259,158,009	203,227	4,999
Wisconsin	33,424	51	20,345	639,028	976	31	92,483,149	141,239	4,546

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 2012

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	148,658	57	81,744	2,553,717	986	31	\$369,639,510	\$142,703	\$4,522
Iowa	25,085	54	12,582	356,104	770	28	51,548,305	111,515	4,097
Kansas	21,859	55	12,459	401,870	1,012	32	58,179,754	146,521	4,670
Minnesota	33,271	75	16,768	445,334	1,004	27	64,398,274	145,247	3,841
Missouri	40,048	49	24,951	857,136	1,058	34	124,084,876	153,106	4,973
Nebraska	15,609	61	8,549	279,358	1,099	33	40,450,801	159,063	4,732
North Dakota	5,931	60	2,904	91,817	936	32	13,293,643	135,489	4,578
South Dakota	6,855	55	3,531	122,098	979	35	17,683,857	141,810	5,008
South Atlantic	354,896	46	229,112	8,039,340	1,043	35	1,163,790,711	150,973	5,080
Delaware	6,503	43	4,333	151,199	993	35	21,894,789	143,812	5,053
District of Columbia	3,721	52	2,480	89,605	1,244	36	12,975,535	180,108	5,232
Florida	127,482	53	84,501	3,067,597	1,285	36	444,129,267	186,083	5,256
Georgia	37,835	37	23,382	850,639	841	36	123,082,452	121,619	5,264
Maryland	39,193	51	25,351	807,511	1,050	32	116,925,077	151,972	4,612
North Carolina	55,678	43	35,111	1,201,344	928	34	173,902,117	134,337	4,953
South Carolina	25,398	37	16,189	609,567	892	38	88,209,880	129,053	5,449
Virginia	46,602	45	30,290	980,257	947	32	141,900,281	137,098	4,685
West Virginia	12,484	41	7,475	281,621	929	38	40,771,313	134,513	5,454
East South Central	124,165	47	72,556	2,875,138	1,090	40	416,213,322	157,735	5,736
Alabama	31,105	45	15,441	545,091	781	35	78,904,974	113,023	5,110
Kentucky	32,511	49	18,644	735,733	1,118	39	106,458,781	161,840	5,710
Mississippi	20,441	44	12,484	537,655	1,160	43	77,845,280	167,979	6,236
Tennessee	40,108	49	25,987	1,056,659	1,290	41	153,004,287	186,742	5,888

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 2012

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	168,190	42	109,099	4,431,409	1,095	41	\$641,455,646	\$158,446	\$5,880
Arkansas	18,405	40	11,700	406,817	873	35	58,878,189	126,373	5,032
Louisiana	21,466	40	14,266	687,143	1,265	48	99,496,787	183,208	6,974
Oklahoma	21,632	41	13,008	447,166	837	34	64,745,458	121,258	4,977
Texas	106,687	43	70,125	2,890,283	1,154	41	418,335,212	166,968	5,966
Mountain	79,044	36	45,175	1,393,745	638	31	201,708,790	92,315	4,465
Arizona	19,533	31	11,312	300,052	477	27	43,376,906	68,963	3,835
Colorado	19,212	43	11,002	333,330	751	30	48,273,335	108,735	4,388
Idaho	6,810	39	3,683	123,829	710	34	17,934,745	102,803	4,870
Montana	6,172	41	3,051	95,882	630	31	13,883,362	91,255	4,550
Nevada	7,998	30	5,092	172,748	642	34	24,997,908	92,930	4,909
New Mexico	6,969	29	4,197	138,800	581	33	20,102,517	84,129	4,790
Utah	9,204	47	5,105	163,707	832	32	23,665,050	120,272	4,636
Wyoming	3,146	39	1,733	65,397	810	38	9,474,967	117,333	5,467
Pacific	173,961	39	110,832	4,053,421	905	37	586,717,417	130,992	5,294
Alaska	914	13	440	14,014	195	32	2,030,924	28,190	4,616
California	128,803	41	83,751	3,208,269	1,024	38	464,578,416	148,266	5,547
Hawaii	2,770	23	1,793	57,100	467	32	8,091,482	66,159	4,513
Oregon	11,986	30	6,723	183,187	465	27	26,503,156	67,327	3,942
Washington	29,488	39	18,125	590,851	780	33	85,513,439	112,871	4,718
Outlying Areas ⁴	1,483	2	659	19,964	31	30	2,891,251	4,468	4,387

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 & 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 2012

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	1,737,899	2,509,982	68,687,198	27.4	39.5	\$43,068,840	\$17,159	\$24,782	\$627
1-8 Days	353,900	515,562	2,453,556	4.8	6.9	2,398,004	4,651	6,776	977
9-20 Days	546,311	764,405	11,115,967	14.5	20.3	8,268,908	10,817	15,136	744
21-40 Days	461,050	680,324	19,732,547	29.0	42.8	12,418,389	18,254	26,935	629
41-60 Days	195,640	295,977	14,595,930	49.3	74.6	8,539,126	28,851	43,647	585
61-80 Days	82,384	127,372	8,835,383	69.4	107.2	4,973,982	39,051	60,376	563
81 Days or More	98,614	126,342	11,953,815	94.6	121.2	6,470,431	51,214	65,614	541
Aged									
Total	1,577,372	2,264,380	62,057,012	27.4	39.3	38,873,606	17,167	24,645	626
1-8 Days	317,218	458,441	2,187,737	4.8	6.9	2,135,062	4,657	6,731	976
9-20 Days	493,307	686,683	9,980,172	14.5	20.2	7,439,743	10,834	15,081	745
21-40 Days	425,058	622,751	18,062,896	29.0	42.5	11,353,528	18,231	26,711	629
41-60 Days	179,681	270,129	13,319,085	49.3	74.1	7,779,206	28,798	43,295	584
61-80 Days	74,900	114,798	7,959,430	69.3	106.3	4,473,056	38,965	59,720	562
81 Days or More	87,208	111,578	10,547,692	94.5	120.9	5,693,011	51,023	65,281	540
Disabled									
Total	160,527	245,602	6,630,186	27.0	41.3	4,195,235	17,081	26,134	633
1-8 Days	36,682	57,121	265,819	4.7	7.2	262,942	4,603	7,168	989
9-20 Days	53,004	77,722	1,135,795	14.6	21.4	829,164	10,668	15,643	730
21-40 Days	35,992	57,573	1,669,651	29.0	46.4	1,064,862	18,496	29,586	638
41-60 Days	15,959	25,848	1,276,845	49.4	80.0	759,920	29,400	47,617	595
61-80 Days	7,484	12,574	875,953	69.7	117.0	500,926	39,838	66,933	572
81 Days or More	11,406	14,764	1,406,123	95.2	123.3	777,420	52,656	68,159	553

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 2012

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	\$5,603,848	\$2,233	\$3,224	\$82	\$27,632,152	\$11,019	\$15,900	\$402
1-8 Days	65,010	126	184	26	1,138,940	2,213	3,218	464
9-20 Days	309,527	405	567	28	5,222,486	6,839	9,560	470
21-40 Days	1,368,069	2,011	2,967	69	8,264,049	12,156	17,924	419
41-60 Days	1,467,327	4,958	7,500	101	5,569,380	18,824	28,467	382
61-80 Days	1,001,477	7,863	12,156	113	3,216,079	25,256	39,038	364
81 Days or More	1,392,438	11,021	14,120	116	4,221,220	33,416	42,805	353
Aged								
Total	5,037,138	2,225	3,193	81	25,047,895	11,072	15,880	404
1-8 Days	56,726	124	179	26	1,027,898	2,246	3,240	470
9-20 Days	273,683	399	555	27	4,717,211	6,876	9,562	473
21-40 Days	1,243,069	1,996	2,924	69	7,589,202	12,195	17,855	420
41-60 Days	1,335,233	4,943	7,431	100	5,093,173	18,862	28,346	382
61-80 Days	900,176	7,841	12,018	113	2,900,904	25,276	38,730	364
81 Days or More	1,228,251	11,008	14,084	116	3,719,507	33,340	42,651	353
Disabled								
Total	566,710	2,307	3,530	85	2,584,257	10,535	16,099	390
1-8 Days	8,285	145	226	31	111,042	1,948	3,027	418
9-20 Days	35,843	461	676	32	505,275	6,509	9,533	445
21-40 Days	125,000	2,171	3,473	75	674,847	11,732	18,750	404
41-60 Days	132,094	5,110	8,277	103	476,207	18,430	29,839	373
61-80 Days	101,301	8,056	13,536	116	315,175	25,070	42,113	360
81 Days or More	164,188	11,121	14,395	117	501,713	33,984	43,987	357

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 & 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 2012

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	---	2,509,982	100.0
Leading Diagnoses ⁵	---	2,094,196	83.4
Infectious and Parasitic Diseases (MDC 1)	001-139	31,540	1.3
Septicemia	038	11,439	0.5
Other	---	20,101	0.8
Neoplasms (MDC 2)	140-239	42,473	1.7
Malignant Neoplasm of Colon	153	3,474	0.1
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	1,265	0.1
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	6,195	0.2
Malignant Neoplasm of Female Breast	174	1,889	0.1
Malignant Neoplasm of Prostate	185	1,891	0.1
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	1,797	0.1
Other	---	25,962	1.0
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	50,573	2.0
Diabetes	250	23,169	0.9
Nutritional Deficiencies	260-263	1,326	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	13,651	0.5
Other	---	12,427	0.5
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	17,884	0.7
Other and Unspecified Anemias	285	11,391	0.5
Other	---	6,493	0.3
Mental Disorders (MDC 5)	290-319	56,172	2.2
Senile and Prosenile Organic Psychotic Conditions	290	11,835	0.5
Other Organic Psychotic Conditions (Chronic)	294	21,610	0.9
Other Non-Organic Psychoses	298	3,183	0.1
Other	---	19,544	0.8
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	55,262	2.2
Other Cerebral Degenerations	331	13,478	0.5
Parkinson's Disease	332	8,829	0.4
Hemiplegia and Hemiparesis	342	1,267	0.1
Other	---	31,688	1.3

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 2012

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
68,687	1,861	27	\$43,068,840	\$17,159	\$627	\$27,632,152	\$11,019	\$402
57,128	1,548	27	36,195,010	17,283	634	23,130,062	11,055	405
805	22	26	550,379	17,450	684	371,250	11,786	461
265	7	23	205,574	17,971	775	109,443	9,575	413
540	15	27	344,805	17,154	639	261,807	13,045	485
957	26	23	577,331	13,593	603	372,057	8,773	389
75	2	22	45,864	13,202	609	29,974	8,645	398
32	1	25	18,721	14,799	586	12,042	9,549	377
127	3	20	78,885	12,734	622	48,560	7,850	383
50	1	26	27,953	14,798	561	18,758	9,962	377
47	1	25	27,216	14,392	584	18,249	9,666	392
37	1	21	25,881	14,403	700	14,694	8,177	397
590	16	23	352,811	13,590	598	229,780	8,862	390
1,479	40	29	842,111	16,651	569	552,698	10,937	374
716	19	31	402,613	17,377	563	259,469	11,209	363
40	1	30	23,004	17,349	582	14,528	10,956	367
362	10	27	211,757	15,512	584	142,492	10,447	393
362	10	29	204,736	16,475	566	136,208	10,968	377
483	13	27	281,232	15,725	582	183,972	10,296	381
309	8	27	177,901	15,618	575	117,372	10,314	380
174	5	27	103,331	15,914	593	66,600	10,265	382
1,791	49	32	888,440	15,816	496	596,103	10,623	333
399	11	34	198,689	16,788	498	135,908	11,489	341
706	19	33	340,266	15,746	482	230,012	10,655	326
99	3	31	49,394	15,518	498	33,599	10,572	339
588	16	30	300,091	15,355	511	196,583	10,072	334
1,778	48	32	965,728	17,475	543	649,556	11,766	365
439	12	33	207,569	15,401	473	144,249	10,714	328
316	9	36	172,205	19,504	544	117,905	13,366	373
48	1	38	28,013	22,110	585	18,755	14,815	392
974	26	31	557,941	17,607	573	368,647	11,646	378

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 2012

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	298,659	11.9
Essential Hypertension	401	27,659	1.1
Acute Myocardial Infarction	410	12,749	0.5
Other Forms of Chronic Ischemic Heart Disease	414	16,845	0.7
Cardiac Dysrhythmia	427	31,041	1.2
Heart Failure	428	73,983	2.9
III-Defined Descriptions and Complication of Heart Disease	429	1,619	0.1
Intracranial Hemorrhage	431	2,339	0.1
Occlusion of Cerebral Arteries	434	14,410	0.6
Transient Cerebral Ischemia	435	6,312	0.3
Acute, But III-Defined, Cerebrovascular Disease	436	19,790	0.8
Other and III-Defined Cerebrovascular Disease	437	2,098	0.1
Late Effects of Cerebrovascular Disease	438	37,165	1.5
Atherosclerosis	440	1,131	(6)
Other Peripheral Vascular Disease	443	5,731	0.2
Venous Embolism and Thrombosis	453	7,866	0.3
Other	---	37,921	1.5
Diseases of the Respiratory System (MDC 8)	460-519	203,571	8.1
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	7,159	0.3
Pneumonia, Organism Unspecified	486	80,275	3.2
Chronic Bronchitis	491	15,381	0.6
Chronic Airway Obstruction	496	38,470	1.5
Pneumonitis Due to Solids and Liquids	507	10,286	0.4
Other Diseases of Lung	518	27,867	1.1
Other	---	24,133	1.0
Diseases of the Digestive System (MDC 9)	520-579	69,653	2.8
Intestinal Obstruction Without Mention of Hernia	560	8,511	0.3
Diverticula of Intestine	562	4,545	0.2
Gastrointestinal Hemorrhage	578	18,251	0.7
Other	---	38,346	1.5

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 2012

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
8,751	237	29	\$5,113,594	\$17,122	\$584	\$3,390,779	\$11,363	\$387
874	24	32	493,878	17,856	565	332,872	12,043	381
318	9	25	186,589	14,636	587	123,498	9,695	388
433	12	26	248,860	14,773	574	168,762	10,023	389
849	23	27	491,845	15,845	580	328,685	10,595	387
1,921	52	26	1,125,734	15,216	586	724,209	9,797	377
48	1	29	25,863	15,975	543	17,581	10,886	369
79	2	34	47,964	20,506	606	33,372	14,274	422
474	13	33	289,507	20,091	611	196,434	13,647	415
189	5	30	111,174	17,613	589	75,240	11,931	399
706	19	36	416,305	21,036	589	279,911	14,162	396
71	2	34	40,278	19,198	565	27,886	13,298	391
1,355	37	36	780,927	21,012	576	527,898	14,219	390
29	1	25	18,083	15,989	627	10,819	9,583	375
168	5	29	92,878	16,206	554	60,126	10,499	358
226	6	29	132,974	16,905	588	85,169	10,829	377
1,012	27	27	610,735	16,105	604	398,315	10,513	394
5,235	142	26	3,342,194	16,418	638	2,067,862	10,168	395
169	5	24	115,984	16,201	684	66,742	9,335	394
2,020	55	25	1,237,667	15,418	613	792,550	9,881	392
356	10	23	242,437	15,762	682	142,161	9,252	400
1,046	28	27	590,870	15,359	565	377,892	9,833	361
259	7	25	164,576	16,000	636	100,809	9,809	389
765	21	27	615,167	22,075	804	347,512	12,485	454
620	17	26	375,493	15,559	606	240,197	9,963	388
1,757	48	25	1,048,007	15,046	596	679,463	9,765	387
210	6	25	123,803	14,546	590	83,051	9,764	396
111	3	24	69,548	15,302	626	44,775	9,862	403
483	13	26	280,987	15,396	581	182,451	10,007	377
953	26	25	573,670	14,960	602	369,187	9,639	387

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 2012

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	118,324	4.7
Chronic Renal Failure	585	22,639	0.9
Renal Failure, Unspecified	586	6,606	0.3
Other Disorders of Urethra and Urinary Tract	599	65,288	2.6
Other	---	23,791	0.9
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	45,013	1.8
Other Cellulitis and Abscess	682	30,327	1.2
Chronic Ulcer of Skin	707	12,338	0.5
Other	---	2,348	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	172,016	6.9
Osteoarthritis and Allied Disorders	715	32,950	1.3
Other and Unspecified Disorders of Joint	719	31,903	1.3
Other and Unspecified Disorders of Back	724	13,324	0.5
Disorders of Muscle, Ligament, and Fascia	728	59,846	2.4
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	8,159	0.3
Other Disorders of Bone and Cartilage	733	7,238	0.3
Other	---	18,596	0.7
Congenital Anomalies (MDC 14)	740-759	2,975	0.1
Other Ill Defined Conditions (MDC 16)	780-799	166,761	6.6
General Symptoms	780	69,930	2.8
Symptoms Involving Nervous and Musculoskeletal Systems	781	19,457	0.8
Symptoms Involving Cardiovascular System	785	3,826	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	14,138	0.6
Symptoms Involving Digestive System	787	11,223	0.4
Other	---	48,187	1.9
Injury and Poisoning (MDC 17)	800-999	142,320	5.7
Fracture, Vertebra without Mention of Spinal Cord Injury	805	8,708	0.3
Fracture, Pelvis	808	8,723	0.3
Fracture, Humerus	812	6,295	0.3
Fracture, Neck of Femur	820	36,414	1.5
Fracture, Other and Unspecified Parts of Femur	821	8,600	0.3
Fracture, Tibia, Fibula	823	4,186	0.2
Fracture of Ankle	824	4,880	0.2
Amputation of Leg(s)	897	2,320	0.1
Other	---	62,194	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 2012

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
3,267	89	28	\$1,863,032	\$15,745	\$570	\$1,237,204	\$10,467	\$379
614	17	27	332,956	14,707	542	217,820	9,635	355
184	5	28	105,231	15,930	572	67,522	10,237	367
1,830	50	28	1,053,267	16,133	576	707,247	10,843	387
639	17	27	371,578	15,618	582	244,615	10,290	383
1,370	37	30	827,805	18,390	604	513,472	11,419	375
853	23	28	535,972	17,673	629	336,263	11,095	394
449	12	36	250,632	20,314	558	152,086	12,352	339
68	2	29	41,201	17,547	604	25,124	10,705	369
4,801	130	28	2,856,883	16,608	595	1,918,128	11,159	400
727	20	22	450,292	13,666	619	317,331	9,637	437
927	25	29	554,314	17,375	598	384,883	12,074	415
348	9	26	212,997	15,986	612	143,662	10,790	413
1,782	48	30	1,011,925	16,909	568	677,389	11,325	380
263	7	32	177,149	21,712	674	95,927	11,773	365
236	6	33	133,525	18,448	565	91,165	12,602	386
518	14	28	316,681	17,030	611	207,770	11,181	401
81	2	27	46,239	15,542	570	31,198	10,512	384
4,722	128	28	2,759,775	16,549	584	1,841,112	11,050	390
1,980	54	28	1,151,537	16,467	581	785,712	11,247	397
588	16	30	362,623	18,637	617	234,995	12,086	400
104	3	27	60,553	15,827	582	39,692	10,377	382
360	10	25	213,520	15,103	594	139,182	9,854	387
355	10	32	184,729	16,460	521	127,665	11,379	360
1,336	36	28	786,813	16,328	589	513,866	10,673	385
4,721	128	33	2,829,656	19,882	599	1,876,365	13,200	397
268	7	31	160,520	18,434	599	108,697	12,498	406
296	8	34	176,213	20,201	595	122,897	14,115	415
235	6	37	137,375	21,823	583	93,278	14,834	396
1,323	36	36	779,467	21,406	589	533,789	14,676	403
334	9	39	193,374	22,485	580	130,767	15,213	392
159	4	38	93,371	22,306	586	61,149	14,618	383
184	5	38	108,754	22,286	591	71,781	14,752	390
82	2	35	43,739	18,853	534	27,409	11,819	335
1,840	50	30	1,136,843	18,279	618	726,599	11,696	395

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 2012

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-V82	1,035,085	41.2
Organ of Tissue Replaced by Other Means	V43	24,232	1.0
Orthopedic Aftercare	V54	113,580	4.5
Care Involving Use of Rehabilitation Procedures	V57	799,471	31.9
Encounter for Other and Unspecified Procedures and Aftercare	V58	54,288	2.2
Convalescence	V66	4,135	0.2
Other	---	39,379	1.6

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.

⁶Less than 0.05 percent.

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 & 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 2012

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
26,640	722	26	\$18,248,172	\$17,630	\$685	\$11,332,459	\$10,958	\$425
514	14	21	334,207	13,792	650	230,079	9,500	448
3,379	92	30	2,157,387	18,994	638	1,390,951	12,260	412
20,194	547	25	14,061,181	17,588	696	8,663,119	10,845	429
1,267	34	23	915,322	16,860	723	533,726	9,842	421
69	2	17	57,476	13,900	832	47,467	11,490	687
1,217	33	31	722,599	18,350	594	467,118	11,874	384

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 2012

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	15,143	2,401,770	100.0	67,579	100.0	28.1	\$26,259,674	100.0	\$10,944	\$389
1-49 Beds	2,103	216,816	9.0	4,468	6.6	20.6	1,685,164	6.4	7,779	377
50-99 Beds	5,561	611,549	25.5	17,519	25.9	28.6	6,707,327	25.5	10,979	383
100-149 Beds	4,971	910,193	37.9	26,429	39.1	29.0	10,094,521	38.4	11,101	382
150-199 Beds	1,641	397,402	16.5	11,451	16.9	28.8	4,515,034	17.2	11,373	394
200 Beds or More	867	265,810	11.1	7,712	11.4	29.0	3,257,629	12.4	12,265	422
Hospital Based										
Total	850	150,951	100.0	2,453	100.0	16.3	880,739	100.0	5,839	359
1-49 Beds	491	93,248	61.8	1,199	48.9	12.9	430,649	48.9	4,621	359
50-99 Beds	212	26,227	17.4	525	21.4	20.0	185,025	21.0	7,062	352
100-149 Beds	89	16,240	10.8	358	14.6	22.0	120,365	13.7	7,414	336
150-199 Beds	29	5,411	3.6	129	5.2	23.8	45,900	5.2	8,483	357
200 Beds or More	29	9,825	6.5	242	9.9	24.7	98,799	11.2	10,066	408
Non-Hospital Based										
Total	14,293	2,250,819	100.0	65,126	100.0	28.9	25,378,935	100.0	11,286	390
1-49 Beds	1,612	123,568	5.5	3,269	5.0	26.5	1,254,515	4.9	10,162	384
50-99 Beds	5,349	585,322	26.0	16,994	26.1	29.0	6,522,301	25.7	11,155	384
100-149 Beds	4,882	893,953	39.7	26,071	40.0	29.2	9,974,156	39.3	11,168	383
150-199 Beds	1,612	391,991	17.4	11,322	17.4	28.9	4,469,134	17.6	11,412	395
200 Beds or More	838	255,985	11.4	7,470	11.5	29.2	3,158,830	12.4	12,349	423
Swing-Bed Hospitals³										
Total	515	108,212	100.0	1,108	100.0	10.2	1,372,479	100.0	12,687	1,239
1-49 Beds	277	95,038	87.8	993	89.6	10.4	1,331,161	97.0	14,011	1,341
50-99 Beds	238	13,174	12.2	115	10.4	8.7	41,318	3.0	3,137	359

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 & 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, 2012

Principal ICD-9-CM Diagnosis ¹	ICD-9-CM Code	1998 Covered Admissions ²			2003 Covered Admissions ²			2012 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	2,509,982	27.4	\$11,019
Pneumonia, Organism Unspecified	486	89,866	21.2	5,278	110,329	23.2	5,866	80,275	25.2	9,881
Heart Failure	428	96,921	21.7	5,215	113,309	24.0	5,892	73,983	26.0	9,797
General Symptoms	780	43,210	24.0	5,861	73,259	26.6	6,842	69,930	28.3	11,247
Other Disorders of Urethra and Urinary Tract	599	40,642	24.7	6,009	61,330	26.3	6,517	65,288	28.0	10,843
Disorders of Muscle, Ligament, and Fascia	728	7,998	23.6	6,070	18,800	29.8	7,528	59,846	29.8	11,325
Chronic Airway Obstruction	496	42,300	24.4	5,619	48,291	25.6	6,079	38,470	27.2	9,833
Late Effects of Cerebrovascular Disease	438	17,242	31.2	7,068	40,601	33.0	8,912	37,165	36.5	14,219
Fracture, Neck or Femur	820	133,347	28.9	7,021	108,238	34.2	9,021	36,414	36.3	14,676
Osteoarthritis and Allied Disorders	715	54,851	14.5	4,360	49,512	19.3	5,616	32,950	22.1	9,637
Other and Unspecified Disorders of Joint	719	10,499	22.9	5,853	20,787	28.3	7,402	31,903	29.0	12,074

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 2012; 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 & 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 2012

State of Provider	Total Days	RUG-IV Rehabilitation Groups					
		Total	Ultra High	Very High	High	Medium	Low
United States ²	70,916,765	62,525,433	33,947,099	17,417,809	6,877,987	4,235,569	46,969
Alabama	1,123,559	984,723	524,735	272,332	103,323	82,929	1,404
Alaska	15,808	11,645	1,214	2,099	4,305	4,027	0
Arizona	686,647	581,843	351,688	149,765	49,610	30,473	307
Arkansas	730,701	636,312	318,287	190,903	81,185	45,646	291
California	5,638,103	5,022,864	3,272,101	1,175,597	371,000	201,178	2,988
Colorado	677,239	607,230	354,182	168,305	51,453	32,789	501
Connecticut	1,191,410	1,002,488	453,014	346,961	124,870	77,174	469
Delaware	271,599	249,261	168,474	52,440	15,898	12,417	32
District of Columbia	92,945	84,837	33,075	29,830	15,124	6,786	22
Florida	5,607,724	5,060,719	3,566,544	959,207	330,548	202,761	1,659
Georgia	1,543,244	1,295,507	592,004	384,311	195,662	120,698	2,832
Hawaii	114,962	90,746	49,422	21,492	9,413	10,357	62
Idaho	239,661	209,177	104,598	58,876	27,008	18,046	649
Illinois	4,083,333	3,796,834	1,962,521	1,214,112	422,415	193,764	4,022
Indiana	2,279,568	2,079,457	1,003,769	653,386	261,418	159,551	1,333
Iowa	692,050	611,277	152,362	225,529	163,782	69,102	502
Kansas	714,158	634,784	273,790	213,942	98,723	47,861	468
Kentucky	1,253,471	1,090,274	524,200	330,644	135,379	98,770	1,281
Louisiana	1,057,477	959,677	429,835	337,531	123,979	67,975	357
Maine	332,845	295,316	146,993	94,449	31,442	22,020	412
Maryland	1,598,500	1,394,622	830,228	372,204	114,314	77,394	482
Massachusetts	2,085,610	1,772,990	1,061,245	459,114	142,841	109,244	546
Michigan	2,578,030	2,339,435	1,289,407	683,585	233,944	131,545	954
Minnesota	1,020,367	884,328	304,499	331,099	160,048	88,250	432
Mississippi	828,100	751,996	368,304	222,339	94,638	66,363	352
Missouri	1,580,429	1,401,083	547,458	539,406	211,609	101,906	704
Montana	175,634	153,013	42,216	51,662	36,049	22,699	387
Nebraska	509,142	450,257	166,806	144,496	86,304	52,076	575
Nevada	363,612	275,564	172,688	64,674	22,477	15,546	179
New Hampshire	370,106	319,094	203,295	68,630	26,279	20,383	507

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 2012

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
8,391,332	474,395	3,341,366	1,485,469	178,691	931,797	1,979,614	1.66	1.50
138,836	5,524	56,193	21,461	2,846	16,116	36,696	1.63	1.49
4,163	78	1,399	2,088	104	431	63	1.44	0.93
104,804	6,856	23,440	16,530	1,004	7,690	49,284	1.61	1.56
94,389	8,170	46,665	20,738	3,899	13,552	1,365	1.66	1.47
615,239	71,132	244,498	93,278	7,946	31,612	166,773	1.74	1.60
70,009	2,241	18,949	15,416	1,515	7,142	24,746	1.67	1.55
188,922	4,448	82,547	38,596	4,773	23,375	35,183	1.62	1.44
22,338	1,217	7,644	5,069	420	4,759	3,229	1.67	1.61
8,108	1,478	4,504	1,095	104	847	80	1.68	1.37
547,005	20,235	188,741	80,491	8,245	57,327	191,966	1.72	1.64
247,737	8,890	104,485	36,784	6,371	23,909	67,298	1.61	1.41
24,216	1,163	6,435	3,688	173	1,131	11,626	1.55	1.47
30,484	1,234	9,657	7,316	364	3,625	8,288	1.61	1.45
286,499	30,935	135,579	52,968	7,272	29,332	30,413	1.67	1.50
200,111	7,878	71,261	34,602	4,274	26,132	55,964	1.65	1.45
80,773	3,901	34,013	22,859	1,963	11,802	6,235	1.56	1.23
79,374	3,005	29,732	17,487	3,618	11,696	13,836	1.56	1.41
163,197	10,838	72,012	40,319	2,487	22,664	14,877	1.67	1.44
97,800	6,312	51,816	16,424	2,659	8,717	11,872	1.61	1.44
37,529	183	14,029	9,421	469	5,729	7,698	1.58	1.47
203,878	14,562	89,972	39,485	5,115	34,927	19,817	1.67	1.56
312,620	3,628	112,314	56,057	10,765	52,617	77,239	1.64	1.55
238,595	16,613	101,122	48,663	7,413	32,365	32,419	1.64	1.52
136,039	3,934	42,602	30,881	2,179	15,540	40,903	1.55	1.33
76,104	2,469	41,274	14,338	2,670	11,122	4,231	1.63	1.45
179,346	4,683	68,945	38,859	7,617	22,083	37,159	1.55	1.39
22,621	290	8,743	7,471	600	3,604	1,913	1.51	1.23
58,885	1,301	22,026	15,612	2,558	9,549	7,839	1.53	1.33
88,048	7,069	11,382	8,042	415	3,718	57,422	1.57	1.57
51,012	1,031	18,175	13,121	2,254	10,996	5,435	1.61	1.57

Table 6.9
Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,
and Major RUG-IV Groups: Calendar Year 2012

State of Provider	Total Days	RUG-IV Rehabilitation Groups					
		Total	Ultra High	Very High	High	Medium	Low
New Jersey	2,847,261	2,548,205	1,641,214	557,322	192,602	155,436	1,631
New Mexico	245,985	216,568	113,870	58,363	27,116	17,076	143
New York	4,139,859	3,508,158	1,819,665	816,253	523,371	342,220	6,649
North Carolina	2,256,928	1,973,125	920,407	632,512	254,175	165,387	644
North Dakota	158,974	125,822	28,267	33,092	34,579	29,725	159
Ohio	3,450,474	3,051,465	1,763,122	819,787	278,335	188,949	1,272
Oklahoma	777,225	668,879	272,065	245,732	94,693	55,749	640
Oregon	407,314	355,690	194,973	101,121	36,142	23,382	72
Pennsylvania	3,429,780	2,941,475	1,553,292	831,746	321,110	232,414	2,913
Rhode Island	268,195	222,919	137,747	57,655	17,075	10,438	(3)
South Carolina	1,110,314	1,001,158	531,956	277,129	119,430	71,835	808
South Dakota	205,780	179,179	55,811	60,982	41,033	21,090	263
Tennessee	1,924,091	1,662,025	939,750	434,067	170,007	116,913	1,288
Texas	4,881,265	4,343,267	2,410,093	1,229,487	444,286	256,383	3,018
Utah	353,851	318,883	201,854	78,822	25,105	12,953	149
Vermont	162,004	135,763	61,366	39,138	19,050	16,019	190
Virginia	1,866,886	1,652,422	750,830	547,192	213,955	139,721	724
Washington	1,125,406	966,866	572,876	249,081	86,726	57,859	324
West Virginia	423,713	372,312	180,835	93,954	53,316	44,185	22
Wisconsin	1,328,966	1,152,895	491,371	414,640	168,720	76,869	1,295
Wyoming	96,460	81,004	36,781	20,814	12,121	11,236	52

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-53 SNF prospective payment system case-mix indexes, refer to *Federal Register (FR)*: Medicare Program: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Final Rule. 70 FR 45033, (August 4, 2005).

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the MEDPAR files: Medicare Provider Analysis and Review; data development by the Office of Information Products & 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 2012

Other Major RUG-III 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
299,056	20,549	160,541	47,825	5,220	32,111	32,810	1.73	1.58
29,417	572	9,552	8,187	921	3,096	7,089	1.60	1.48
631,701	64,621	328,955	84,136	3,587	26,586	123,816	1.70	1.45
283,803	12,182	99,793	55,856	4,448	38,524	73,000	1.59	1.44
33,152	724	14,995	10,653	774	5,154	852	1.54	1.12
399,009	19,359	152,396	56,479	7,623	30,262	132,890	1.66	1.54
108,346	5,336	42,070	29,954	5,154	17,158	8,674	1.57	1.40
51,624	735	11,318	10,136	259	3,591	25,585	1.60	1.51
488,305	21,757	138,162	59,023	5,190	44,798	219,375	1.64	1.49
45,276	966	9,653	6,659	1,014	3,694	23,290	1.53	1.58
109,156	4,691	53,266	18,887	2,447	18,226	11,639	1.66	1.49
26,601	971	10,092	8,332	779	4,284	2,143	1.54	1.28
262,066	13,821	99,085	44,710	7,804	39,883	56,763	1.68	1.52
537,998	31,370	237,316	101,821	19,410	76,588	71,493	1.67	1.52
34,968	1,566	7,585	4,851	255	1,479	19,232	1.70	1.59
26,241	888	11,055	5,922	650	3,972	3,754	1.59	1.40
214,464	10,742	97,116	44,182	3,707	28,311	30,406	1.61	1.43
158,540	5,385	57,982	35,154	3,462	24,583	31,974	1.67	1.55
51,401	1,798	24,365	12,581	1,180	7,282	4,195	1.66	1.42
176,071	4,838	50,202	25,310	2,248	15,435	78,038	1.57	1.42
15,456	226	5,713	5,652	467	2,671	727	1.59	1.38