

Medicare Skilled Nursing Facility Utilization by State¹
Calendar Year 2006
(Continued)

	Total Patients	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
MISSOURI	45,714	50,299	1,640,901	33	\$436,932,662	\$266	\$8,687
MONTANA	7,658	9,195	214,714	23	66,680,024	311	7,252
NEBRASKA	16,149	17,209	495,238	29	161,948,124	327	9,411
NEVADA	6,193	6,401	227,511	36	79,540,462	350	12,426
NEW HAMPSHIRE	10,210	11,033	349,611	32	122,527,468	350	11,106
NEW JERSEY	75,456	85,966	2,531,055	29	934,721,862	369	10,873
NEW MEXICO	6,246	6,175	214,184	35	58,886,004	275	9,536
NEW YORK	112,509	104,588	4,397,108	42	1,319,063,352	300	12,612
NORTH CAROLINA	54,649	50,497	2,080,312	41	560,935,014	270	11,108
NORTH DAKOTA	6,743	6,489	169,999	26	49,755,881	293	7,668
OHIO	106,317	114,572	3,942,422	34	1,159,311,654	294	10,119
OKLAHOMA	21,000	24,651	715,419	29	185,985,972	260	7,545
OREGON	13,944	15,367	389,102	25	139,363,453	358	9,069
PENNSYLVANIA	92,433	90,507	3,266,623	36	930,824,314	285	10,285
PUERTO RICO	1,059	1,082	20,526	19	3,093,383	151	2,859
RHODE ISLAND	7,401	7,467	253,259	34	81,268,855	321	10,884
SOUTH CAROLINA	23,722	24,166	941,117	39	252,524,063	268	10,450
SOUTH DAKOTA	7,619	8,107	188,351	23	65,307,055	347	8,056
TENNESSEE	43,466	50,555	1,810,623	36	468,616,157	259	9,269
TEXAS	108,046	117,042	4,410,127	38	1,194,983,205	271	10,210
UTAH	11,089	12,348	363,289	29	110,043,988	303	8,912
VERMONT	4,524	4,670	150,217	32	50,300,839	335	10,771
VIRGIN ISLANDS	79	80	1,150	14	275,229	239	3,440
VIRGINIA	44,865	45,719	1,669,077	37	467,902,822	280	10,234
WASHINGTON	31,020	32,601	1,028,381	32	349,864,807	340	10,732
WEST VIRGINIA	14,199	14,540	511,981	35	136,327,294	266	9,376
WISCONSIN	42,631	41,234	1,456,685	35	470,993,018	323	11,422
WYOMING	3,485	3,761	113,128	30	32,855,185	290	8,736
GUAM	96	103	3,134	30	757,252	242	7,352

¹ Includes utilization and expenditure data for non-swing bed and swing bed services.

NOTES: Provider based data are derived from bills for services performed in 2006 and recorded in CMS central records as of June 2007. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data exclude no pay bills.