

Table VII.13b
Medicare Skilled Nursing Facility Utilization by State¹
Calendar Year 2008
(Continued)

	Total Patients	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
MISSOURI	46,749	51,381	1,741,486	34	\$530,899,846	\$305	\$10,333
MONTANA	7,415	8,066	209,592	26	76,183,161	363	9,445
NEBRASKA	16,994	17,860	548,924	31	202,117,625	368	11,317
NEVADA	7,204	7,627	270,932	36	110,979,178	410	14,551
NEW HAMPSHIRE	10,966	12,129	380,218	31	146,384,444	385	12,069
NEW JERSEY	79,350	91,203	2,692,055	30	1,151,840,715	428	12,629
NEW MEXICO	6,803	6,704	245,624	37	80,387,531	327	11,991
NEW YORK	113,939	109,704	4,341,745	40	1,482,394,155	341	13,513
NORTH CAROLINA	56,925	54,160	2,137,120	39	648,509,988	303	11,974
NORTH DAKOTA	6,502	6,236	169,009	27	56,016,336	331	8,983
OHIO	101,687	109,506	3,820,326	35	1,256,747,054	329	11,477
OKLAHOMA	22,064	25,097	768,037	31	226,092,293	294	9,009
OREGON	12,892	13,755	381,600	28	147,269,039	386	10,707
PENNSYLVANIA	94,877	93,562	3,403,340	36	1,089,274,624	320	11,642
PUERTO RICO	741	784	13,241	17	2,407,584	182	3,071
RHODE ISLAND	7,247	7,468	239,550	32	85,368,772	356	11,431
SOUTH CAROLINA	24,524	24,145	977,520	40	299,640,953	307	12,410
SOUTH DAKOTA	7,369	7,606	208,458	27	78,685,726	377	10,345
TENNESSEE	44,423	48,767	1,838,268	38	535,647,345	291	10,984
TEXAS	113,802	118,823	4,828,915	41	1,507,958,519	312	12,691
UTAH	10,263	10,957	340,778	31	114,578,573	336	10,457
VERMONT	4,761	4,939	159,766	32	59,647,885	373	12,077
VIRGINIA	47,870	49,483	1,764,632	36	553,125,766	313	11,178
WASHINGTON	32,238	32,944	1,096,638	33	424,157,078	387	12,875
WEST VIRGINIA	13,267	13,545	485,714	36	141,112,703	291	10,418
WISCONSIN	43,511	41,393	1,548,337	37	538,672,575	348	13,014
WYOMING	3,444	3,648	107,214	29	38,566,144	360	10,572
OTHER TERRITORIES/POSSESSIONS	149	147	3,367	23	840,404	250	5,717

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 2008 and recorded in CMS central records as of June 2009. 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.

SOURCES: CMS/ORDI/OFM

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