



Skilled Nursing Monthly Report

Data through December 2021

<http://www.nic.org/nic-map> | 410-267-0504

National Investment Center for Seniors Housing & Care (NIC)

Key Takeaways

Occupancy

Skilled nursing property occupancy increased 24 basis points in the month of December, ending the month at 76.0%. This was the highest occupancy level since May 2020. After not changing from October to November, occupancy continued its slow recovery, which was challenged by the Delta variant and, more recently, the Omicron COVID-19 variant. Occupancy has increased 411 basis points from the low of 71.8% set in January 2021. The fact that occupancy has held steady through the Delta variant and the early stage of Omicron suggests that the demand for skilled nursing properties remains, but a significant challenge for many skilled nursing operators around the country has been the staffing shortages that limit the ability to admit new residents. The already-difficult labor shortage has grown increasingly worse as staff infected with omicron have been forced to quarantine.

Managed Medicare

Managed Medicare revenue mix increased 20 basis points from November to end December at 9.9%, reversing the 20-basis point decline that occurred from October to November. It remains well below its 2021 high of 10.8% seen in February 2021 but was up by 204 basis points from the pandemic low set in May 2020 of 7.9%. The increase from the pandemic low is likely due to growth in elective surgeries from 2020, which typically creates additional referrals to skilled nursing properties. Meanwhile, Managed Medicare revenue per patient day (RPPD) decreased again, albeit slightly, ending December at \$451. In addition, it is down 3.4% from December 2020. It has decreased \$107 (19.2%) from January 2012 when the data series began to be reported as managed Medicare enrollment continues to grow across the country.

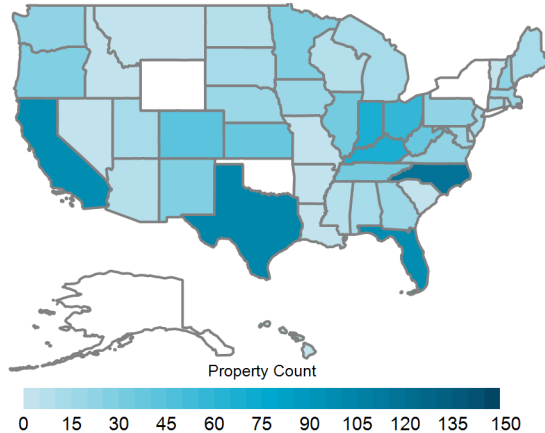
Medicare

Medicare revenue per patient day (RPPD) increased slightly from November to end December 2021 at \$580. It has decreased 1.0% from \$585 in June 2020 when severe cases in skilled nursing properties were increasing significantly during the early stages of the pandemic. The federal government implemented many initiatives to aid properties for cases of COVID-19, including increases in Medicare fee-for-service reimbursements to help care for COVID-19 positive patients requiring isolation. Meanwhile, Medicare revenue mix also trended higher in December, increasing 57 basis points ending December at 20.7%. However, it has been falling since January 2021 when it was 24.5%.

Medicaid

Medicaid revenue per patient day (RPPD) was relatively flat from November to end December 2021 at \$248. Medicaid RPPD declined 1.1% from February of 2021 to September 2021 but has since increased 1.6% from September to December. This increase is likely due to some states adjusting their Medicaid budgets and increasing reimbursement for the 2022-2023 fiscal year. Medicaid RPPD increased 0.90% from a year ago in December 2020 and has increased 5.0% from pre-pandemic levels of February 2020 (\$236). Medicaid reimbursement has increased more than usual as many states embraced measures to increase reimbursement related to the number of COVID-19 cases to support skilled nursing properties.

Coverage

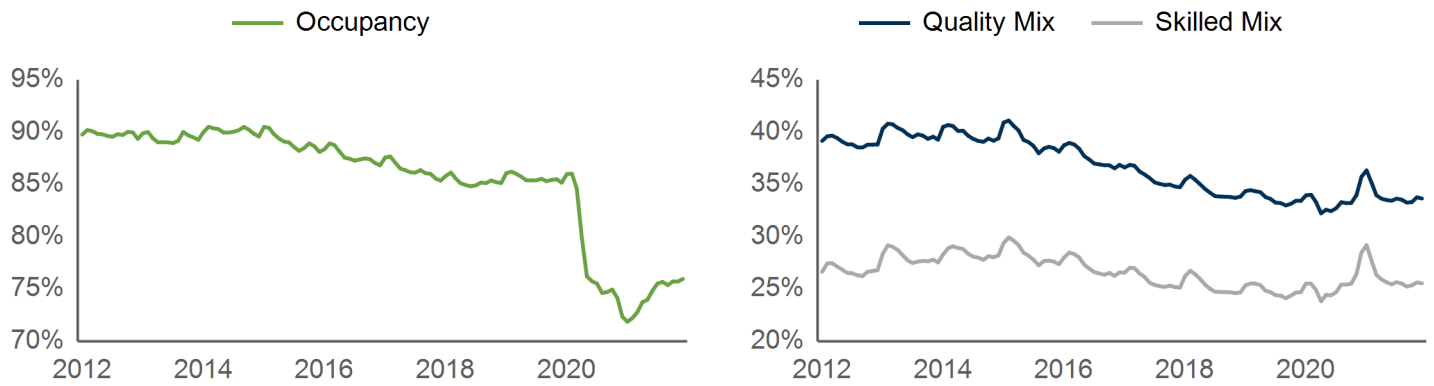


	November	December
States Represented	46	46
Number of Contributors	25	25
Total SNF Properties	1,226	1,226

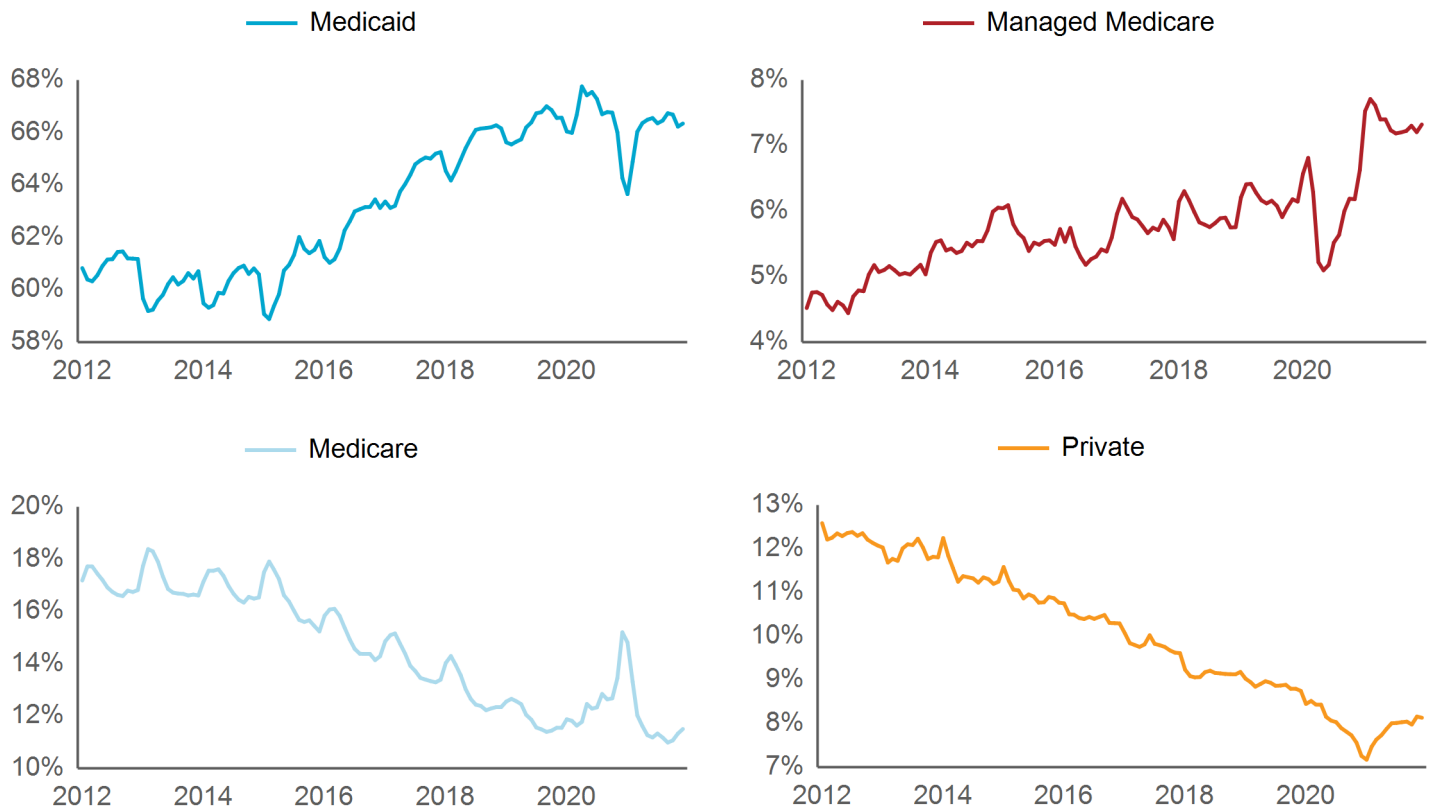
National Key Indicators

	National		Rural		Urban Cluster		Urban Area	
	Current Mo.	Mo./Mo.	Current Mo.	Mo./Mo.	Current Mo.	Mo./Mo.	Current Mo.	Mo./Mo.
Occupancy	76.0%	24 bps	74.2%	18 bps	73.9%	8 bps	76.8%	30 bps
Quality Mix	33.7%	-12 bps	35.9%	-11 bps	33.9%	10 bps	33.2%	-18 bps
Skilled Mix	25.5%	-9 bps	22.5%	51 bps	23.3%	-5 bps	26.6%	-21 bps
Patient Day Mix								
Medicaid	66.3%	12 bps	64.1%	11 bps	66.1%	-10 bps	66.8%	18 bps
Medicare	11.5%	17 bps	11.0%	-6 bps	12.4%	-12 bps	11.4%	29 bps
Managed Medicare	7.3%	12 bps	4.1%	34 bps	4.8%	3 bps	8.6%	10 bps
Private	8.1%	-3 bps	13.3%	-62 bps	10.5%	15 bps	6.6%	3 bps
Revenue Per Patient Day								
Medicaid	\$248	-0.1%	\$240	-0.3%	\$246	0.0%	\$250	0.0%
Medicare	\$580	0.4%	\$563	0.2%	\$585	0.5%	\$581	0.5%
Managed Medicare	\$451	-0.1%	\$428	-1.6%	\$444	-0.3%	\$454	0.0%
Private	\$299	0.2%	\$270	-0.1%	\$279	0.4%	\$317	0.2%
Revenue Mix								
Medicaid	50.0%	-74 bps	49.6%	30 bps	49.0%	22 bps	50.3%	-116 bps
Medicare	20.7%	57 bps	20.4%	74 bps	22.5%	47 bps	20.3%	57 bps
Managed Medicare	9.9%	22 bps	5.8%	43 bps	6.4%	0 bps	11.5%	24 bps
Private	7.4%	1 bps	11.4%	-56 bps	8.9%	31 bps	6.4%	3 bps

National Trends

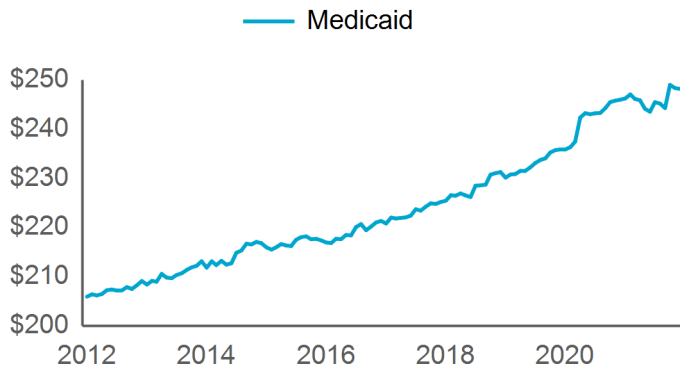


Patient Day Mix

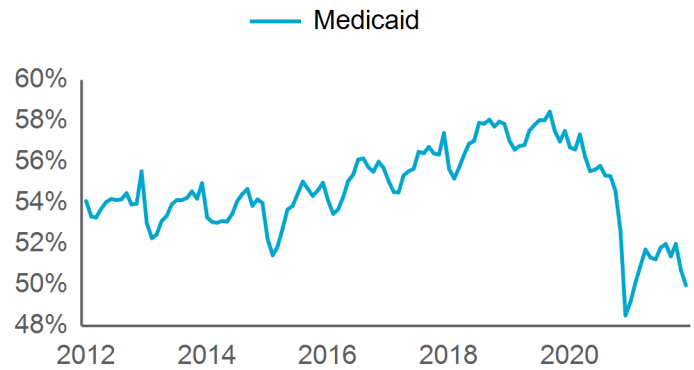


National Trends

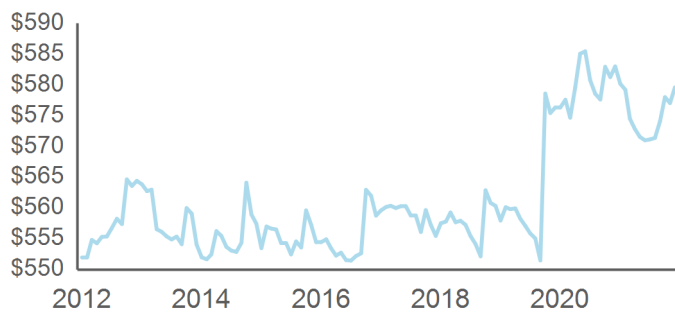
Revenue Per Patient Day



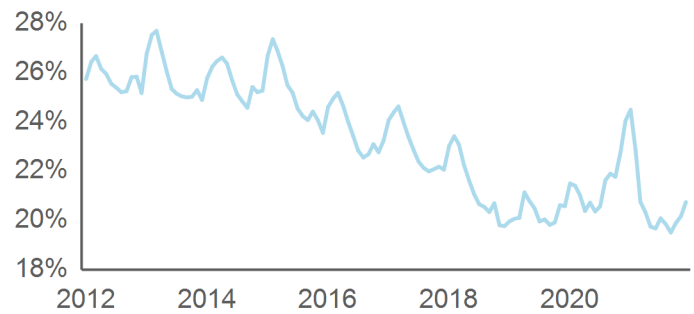
Revenue Mix



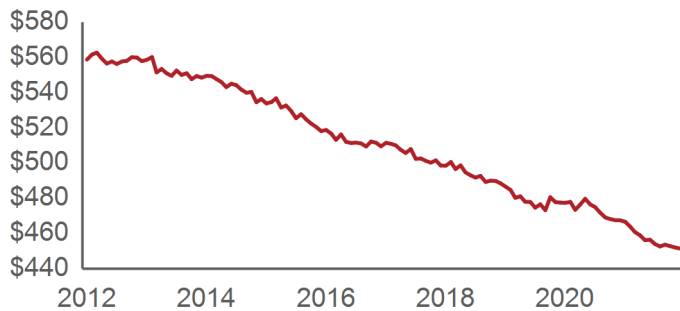
Medicare



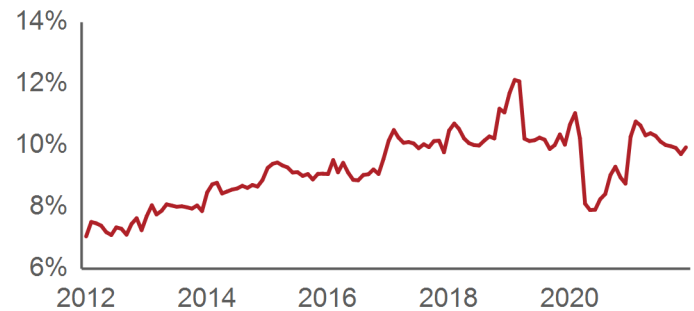
Medicare



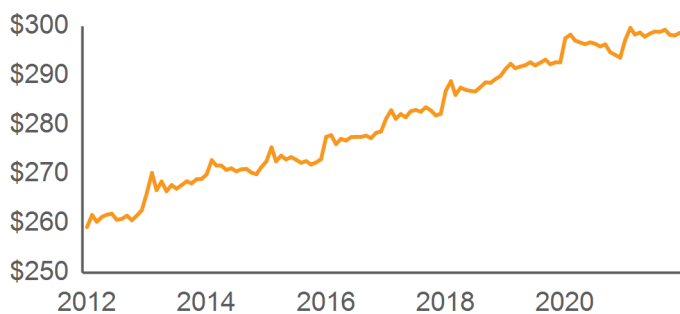
Managed Medicare



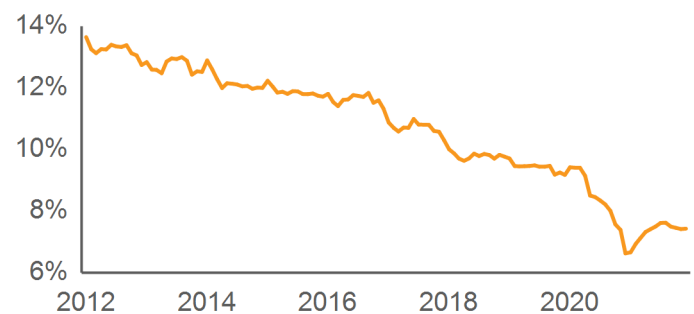
Managed Medicare



Private

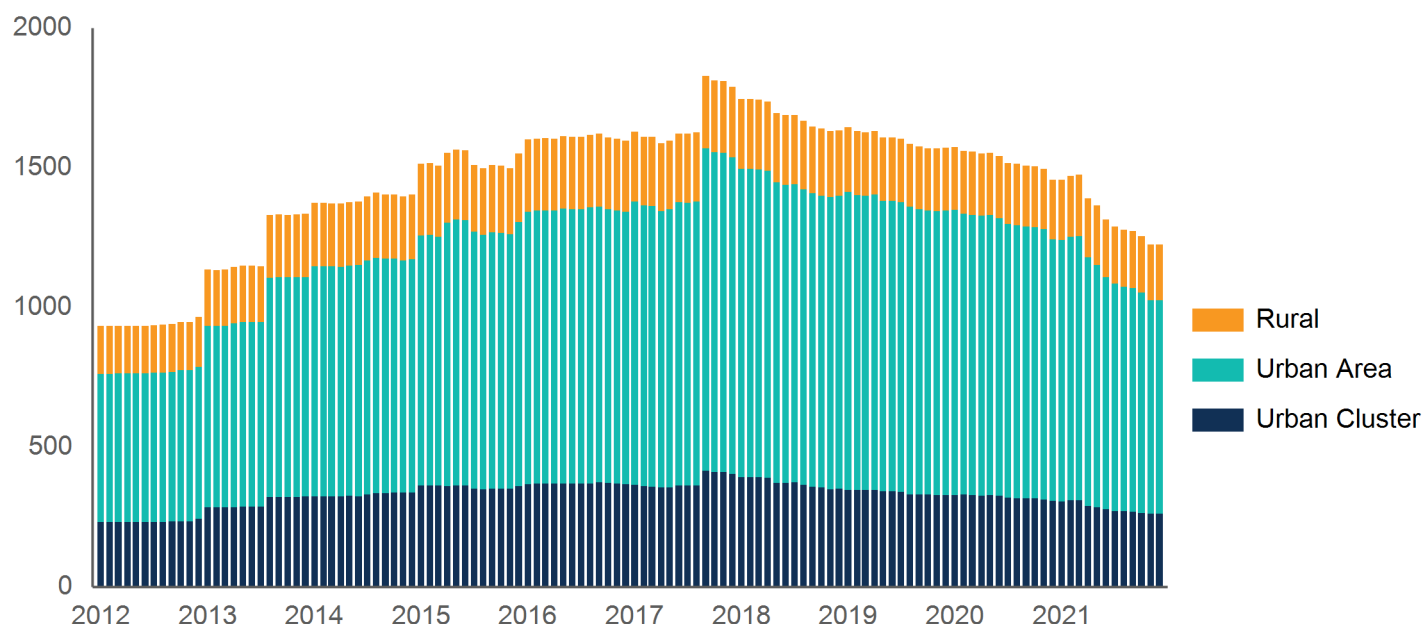


Private



Urban and Rural Trends

Reporting Property Distribution



Geographic classification is based on the 2010 US Census Bureau. All properties not considered Urban Area or Urban Cluster are classified in this report as Rural. According to the US Census Bureau:

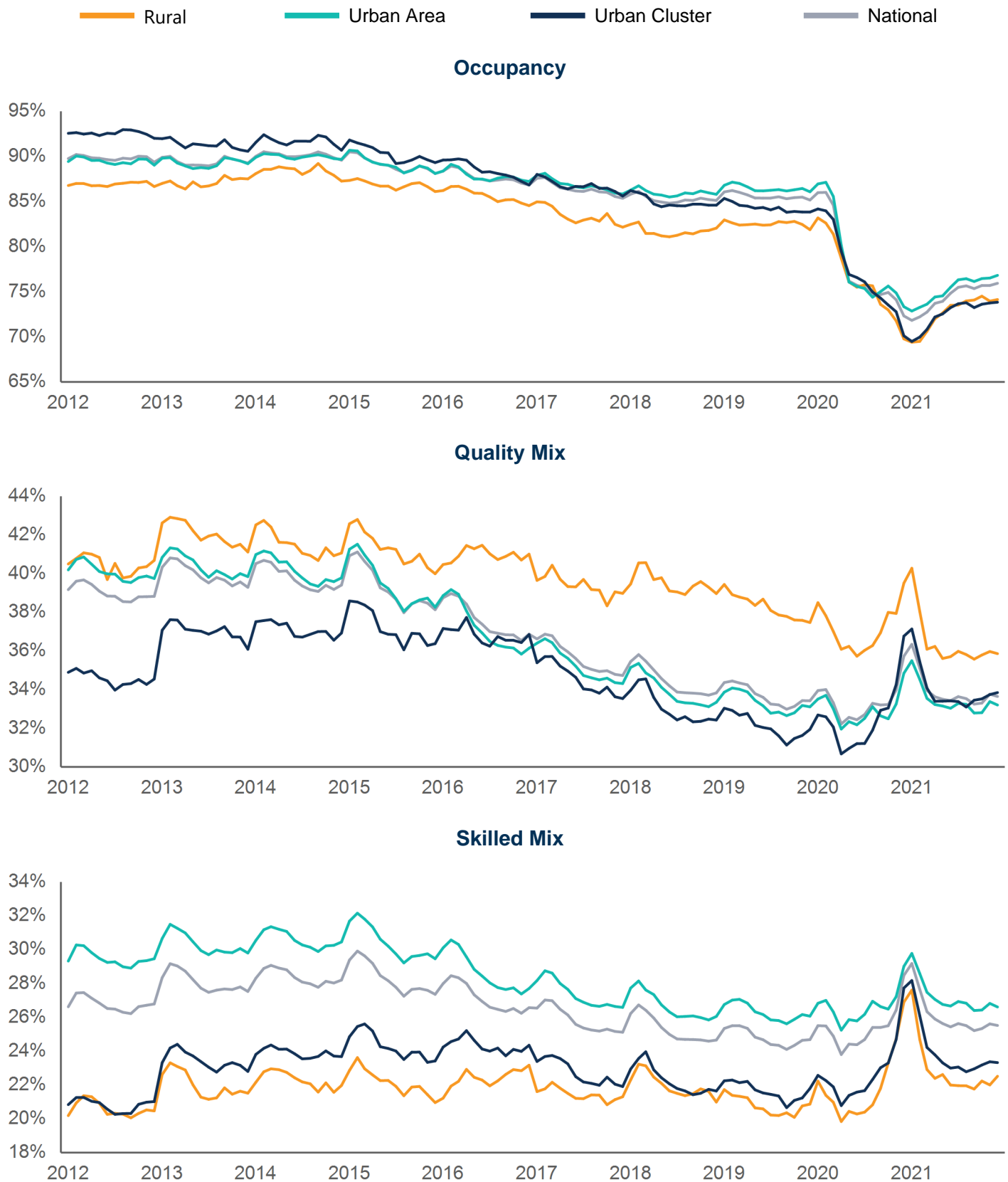
For the 2010 Census, the Census Bureau classified as urban all territory, population, and housing units located within urbanized areas (UAs) and urban clusters (UCs), both defined using the same criteria. The Census Bureau delineates UA and UC boundaries that represent densely developed territory, encompassing residential, commercial, and other nonresidential urban land uses. In general, this territory consists of areas of high population density and urban land use resulting in a representation of the “urban footprint.” Rural consists of all territory, population, and housing units located outside UAs and UCs.

For the 2010 Census, the urban and rural classification was applied to the 50 states, the District of Columbia, Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands.

Urbanized Areas (UAs)—An urbanized area consists of densely developed territory that contains 50,000 or more people. The Census Bureau delineates UAs to provide a better separation of urban and rural territory, population, and housing in the vicinity of large places.

Urban Clusters (UCs)—An urban cluster consists of densely developed territory that has at least 2,500 people but fewer than 50,000 people. The Census Bureau first introduced the UC concept for Census 2000 to provide a more consistent and accurate measure of urban population, housing, and territory throughout the United States, Puerto Rico, and the Island Areas.

Urban and Rural Trends

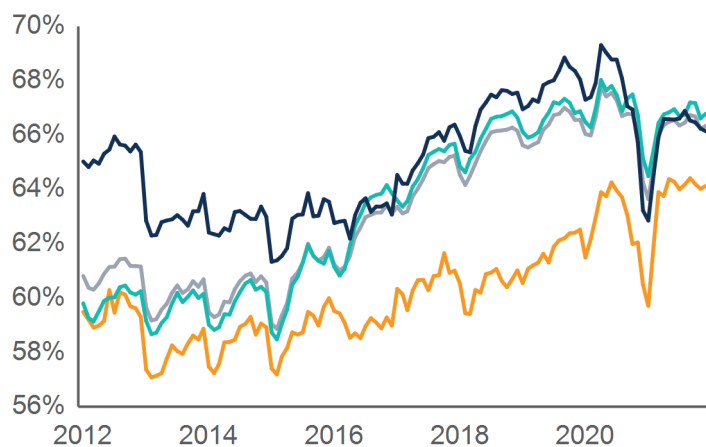


Urban and Rural Trends

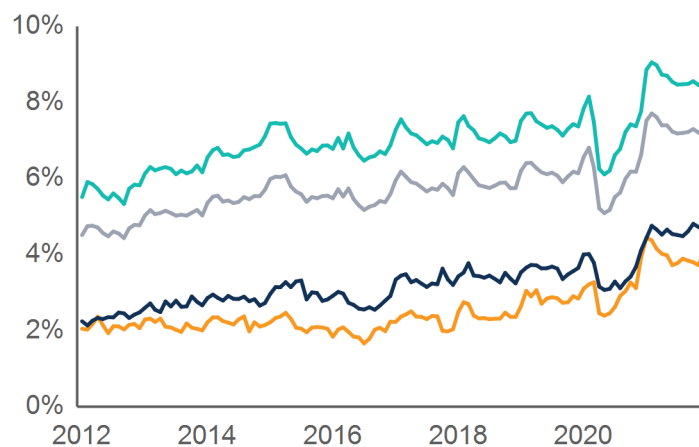
— Rural
 — Urban Area
 — Urban Cluster
 — National

Patient Day Mix

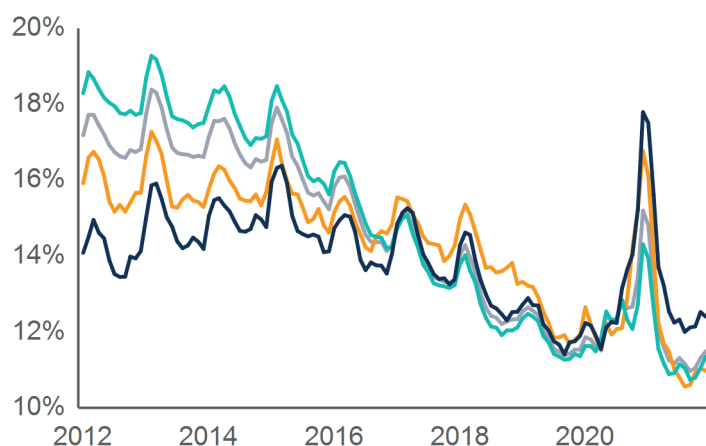
Medicaid



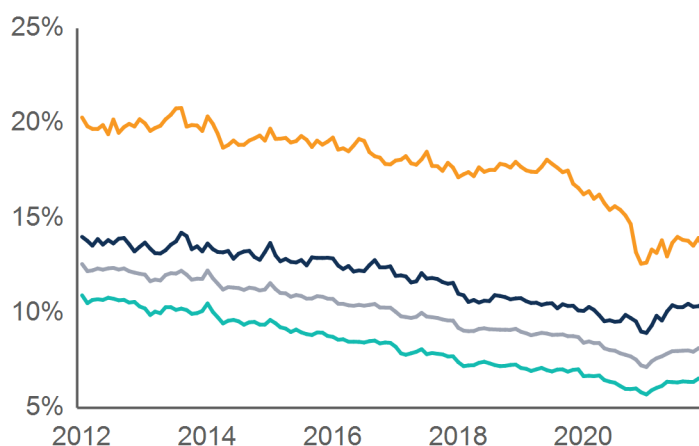
Managed Medicare



Medicare



Private

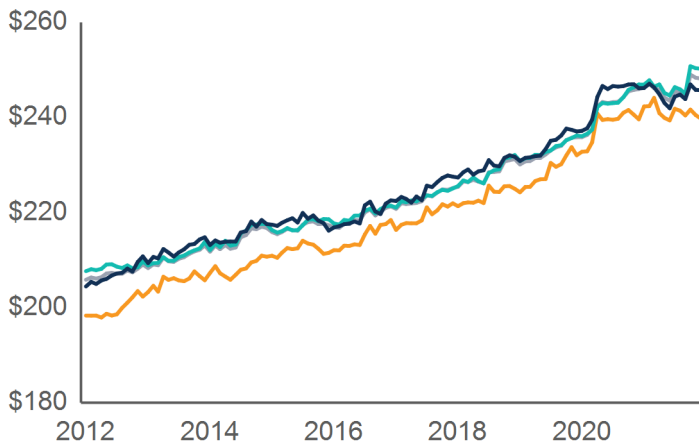


Urban and Rural Trends

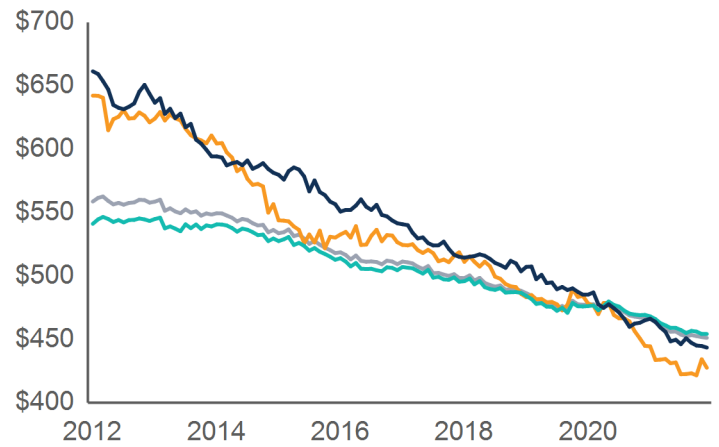
— Rural
 — Urban Area
 — Urban Cluster
 — National

Revenue Per Patient Day

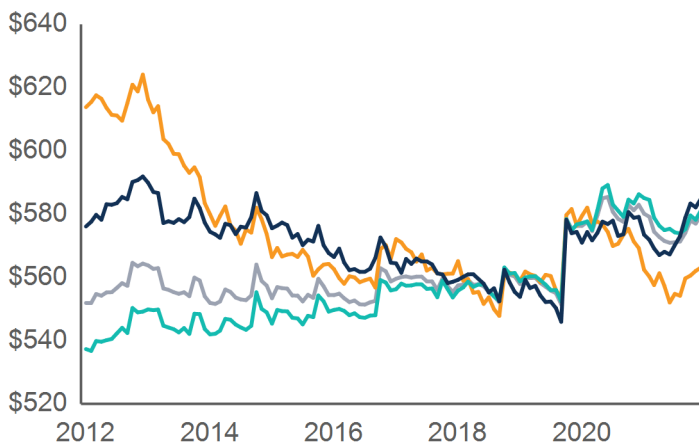
Medicaid



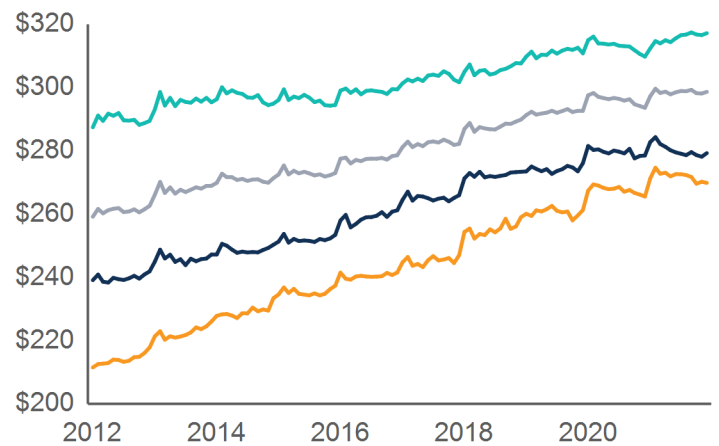
Managed Medicare



Medicare



Private

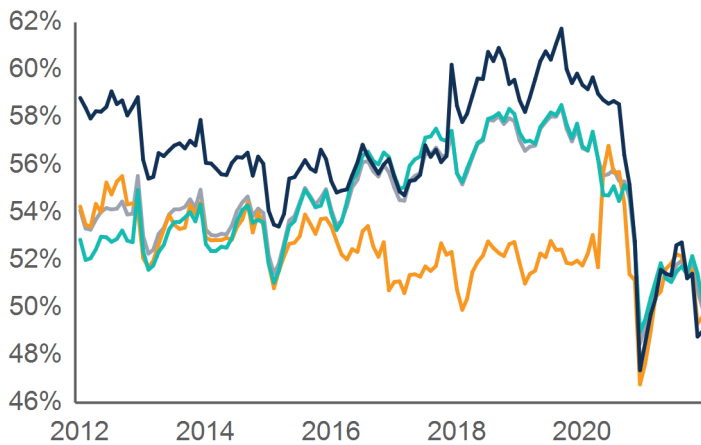


Urban and Rural Trends

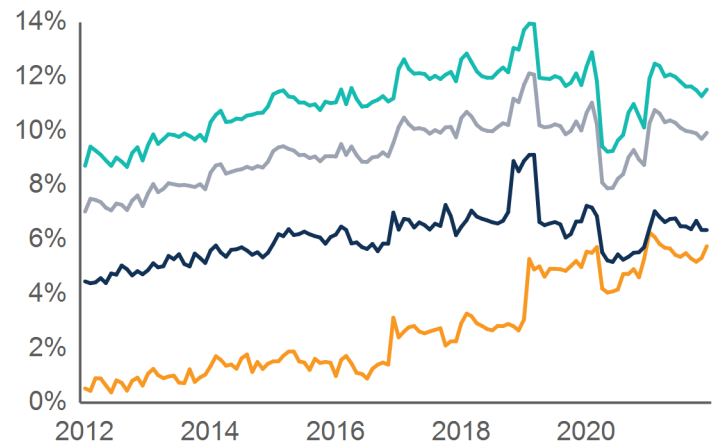
— Rural
 — Urban Area
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 — National

Revenue Mix

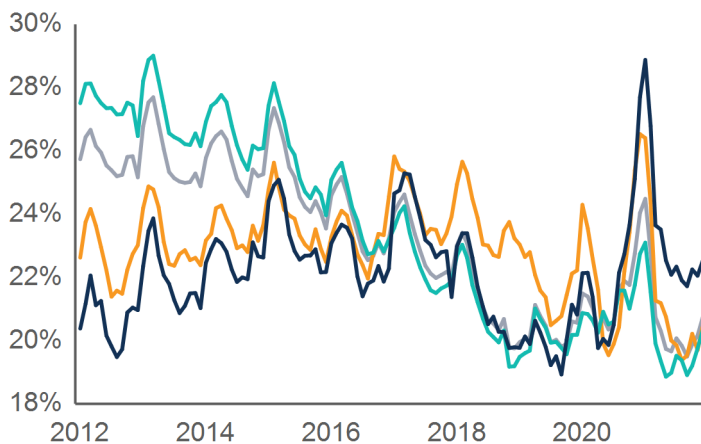
Medicaid



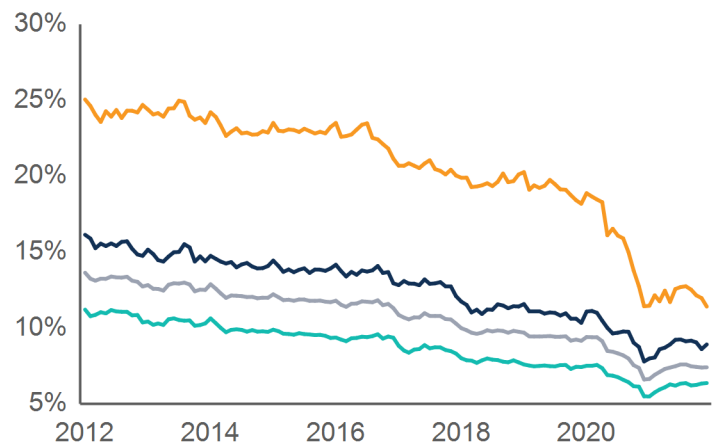
Managed Medicare



Medicare



Private



Explanation of Data

This data and its output is based on the sample population collected each month by NIC and the sample collected on an historical basis. The historical data/time-series data and month/month figures are calculated using same-store analysis. Current month includes all contributors' data to date. Historical data is deflated using same-store month-month changes.

This data should not be interpreted as a census survey for the skilled nursing properties within the United States, but only a representation of the property count and state count as shown on Page 2.

National Skilled Nursing Trends are only reflective of the data from the current sample size within the NIC Skilled Nursing Data Initiative.

Patient Day Mix and Revenue Mix may not add up to 100% because "other patient days and revenue" that cannot be attributed to Medicaid, Medicare, managed Medicare, or Private are omitted from the tables and charts in this report. Other patient days and revenue may include but are not limited to additional benefit types such as veteran's benefits, community programs, and ancillary services.

Glossary

Occupancy: Actual patient days divided by total days.

Patient Day Mix: Actual patient days of each payor source divided by the total actual patient days.

Quality Mix: Actual Medicare, managed Medicare/other, and Private patient days divided by the total actual patient days.

Revenue Per Patient Day (RPPD): Total revenue divided by actual patient days for each payor source.

Revenue Mix: Total revenue for each payor source divided by the total revenue.

Skilled Mix: Actual Medicare and managed Medicare/other days divided by total actual patient days.