



# Skilled Nursing Monthly Report

Data through March 2022

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

National Investment Center for Seniors Housing & Care (NIC)

## Key Takeaways

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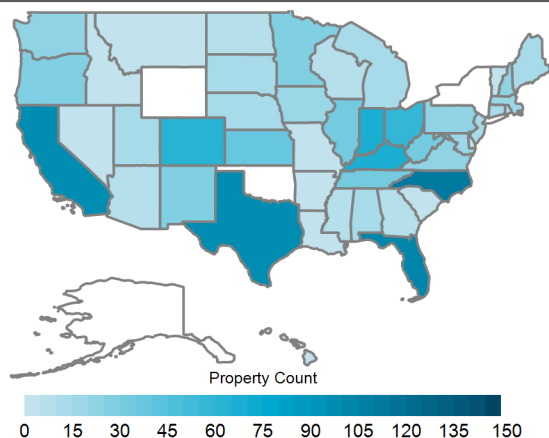
Skilled nursing property occupancy increased 23 basis points in the month of March, ending the month at 77.1%. This was the highest occupancy level since the beginning of the pandemic in April 2020 but was still well below the pre-pandemic March 2020 level of 84.8%. After declining 30 basis points in January because of the Omicron variant challenges, including increased staffing shortages, occupancy has increased 119 basis points (1.2 percentage points) since January. In addition, it has increased 503 basis points from the low of 72.1% set in January 2021. These data points suggest that demand for skilled nursing properties is growing, although staffing shortages continue to limit the ability to admit new residents.

Medicare revenue per patient day (RPPD) decreased from February to end March 2022 at \$573. The 1.0% decrease from the prior month suggests that the decline in COVID-19 cases has reduced the amount of reimbursement needed for COVID-19 positive residents. At its height, COVID-19 required additional measures of care to be implemented. 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 who required isolation. The reduction in additional Medicare reimbursement is also evident in the revenue mix data. Medicare revenue mix declined 339 basis points from February, ending March at 21.2%.

Managed Medicare revenue mix decreased 78 basis points from February to end March at 10.6%, reversing the 83-basis point increase that occurred from January to February. Prior to the pandemic, in February 2020, it was 11.2% and then declined to a pandemic low of 8.1% in May 2020. It is now 255 basis points above the low point. 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.

Medicaid revenue per patient day (RPPD) declined from February to end March 2022 at \$246. In addition, Medicaid is down 1.2% from the prior year in March 2021. However, Medicaid RPPD has increased during the pandemic as many states embraced measures to increase reimbursement related to the number of COVID-19 cases to support skilled nursing properties. Medicaid RPPD has increased 2.9% since February 2020, prior to the pandemic.

## Coverage

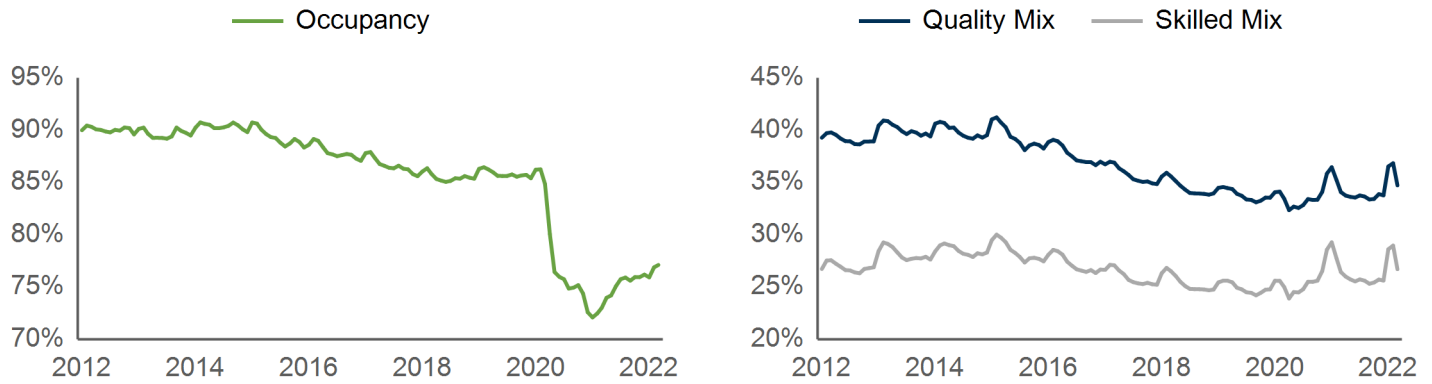


	February	March
States Represented	46	46
Number of Contributors	25	25
Total SNF Properties	1,236	1,220

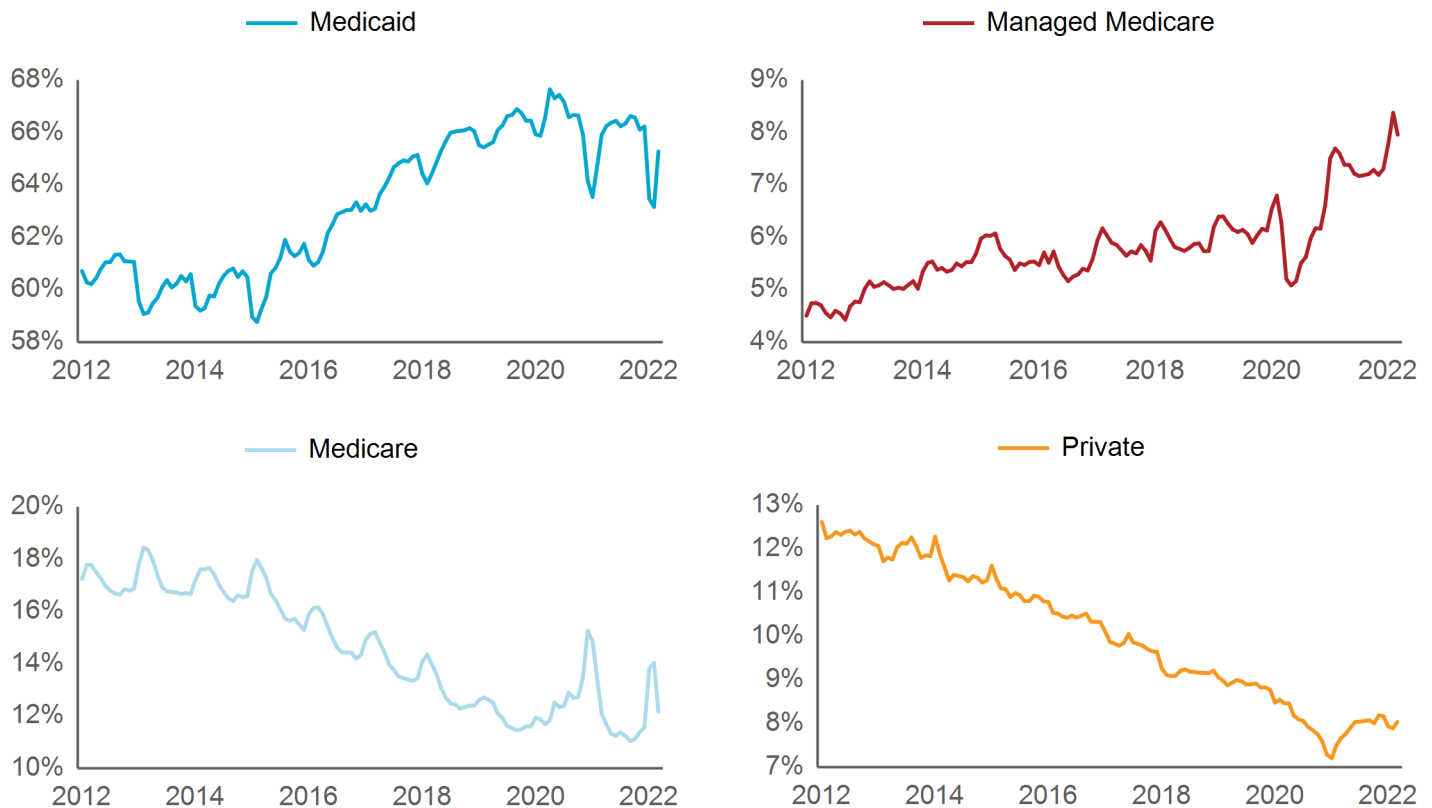
## National Key Indicators

	National		Rural		Urban Cluster		Urban Area	
	Current Mo.	Mo./Mo.	Current Mo.	Mo./Mo.	Current Mo.	Mo./Mo.	Current Mo.	Mo./Mo.
Occupancy	77.1%	23 bps	75.4%	44 bps	75.0%	31 bps	77.9%	17 bps
Quality Mix	34.7%	-212 bps	36.5%	-237 bps	35.7%	-264 bps	34.2%	-194 bps
Skilled Mix	26.7%	-226 bps	23.3%	-242 bps	25.4%	-267 bps	27.6%	-213 bps
Patient Day Mix								
Medicaid	65.3%	212 bps	63.5%	237 bps	64.3%	264 bps	65.8%	194 bps
Medicare	12.2%	-187 bps	11.3%	-212 bps	14.1%	-246 bps	11.8%	-168 bps
Managed Medicare	8.0%	-42 bps	4.4%	-36 bps	5.5%	-24 bps	9.2%	-47 bps
Private	8.0%	14 bps	13.2%	5 bps	10.3%	3 bps	6.6%	19 bps
Revenue Per Patient Day								
Medicaid	\$246	-0.6%	\$235	-1.1%	\$244	-0.6%	\$248	-0.6%
Medicare	\$573	-1.0%	\$567	-1.0%	\$576	-1.4%	\$574	-0.9%
Managed Medicare	\$453	-0.9%	\$417	0.8%	\$442	-1.2%	\$458	-1.0%
Private	\$307	-0.6%	\$286	-0.1%	\$290	-0.7%	\$321	-0.8%
Revenue Mix								
Medicaid	47.5%	77 bps	47.3%	92 bps	46.8%	199 bps	47.8%	44 bps
Medicare	21.2%	-338 bps	20.4%	-356 bps	24.3%	-416 bps	20.5%	-316 bps
Managed Medicare	10.6%	-78 bps	5.9%	-66 bps	7.2%	-56 bps	12.2%	-85 bps
Private	7.3%	-12 bps	11.9%	-33 bps	8.9%	-4 bps	6.2%	-10 bps

## National Trends

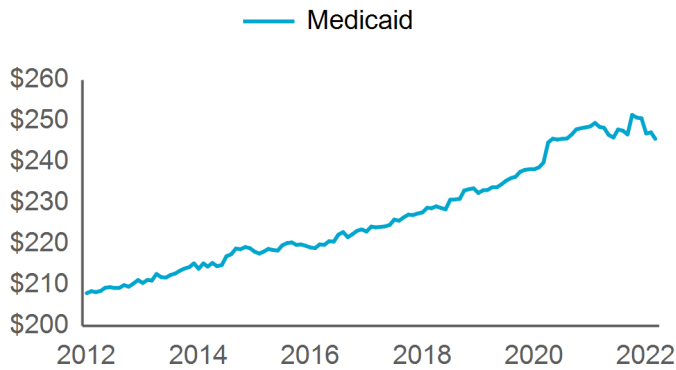


## Patient Day Mix

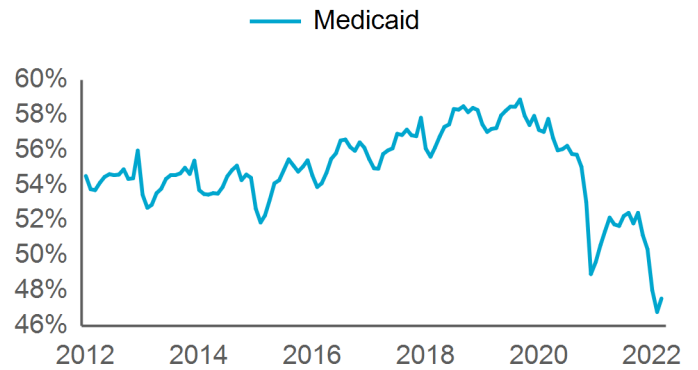


## National Trends

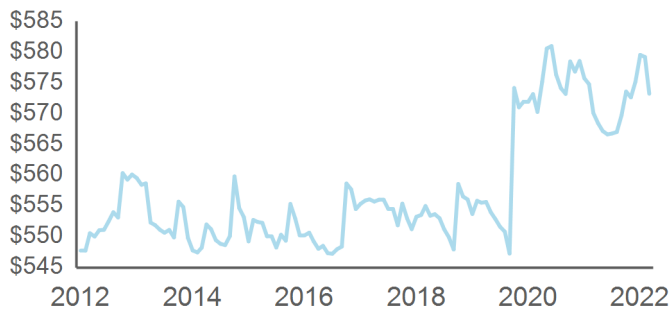
### Revenue Per Patient Day



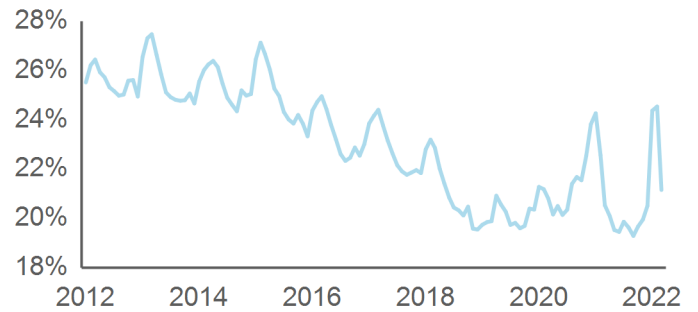
### Revenue Mix



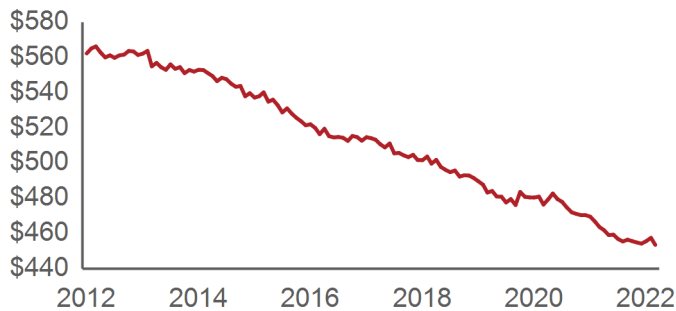
— Medicare



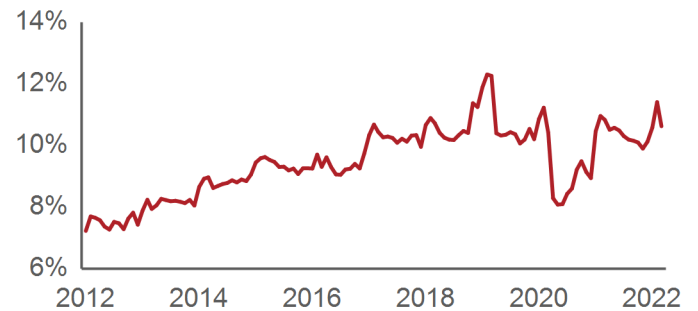
— Medicare



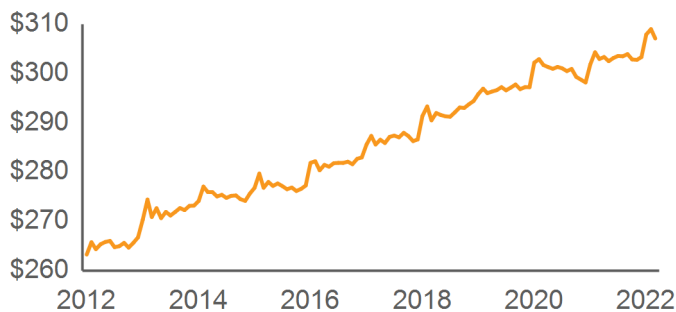
— Managed Medicare



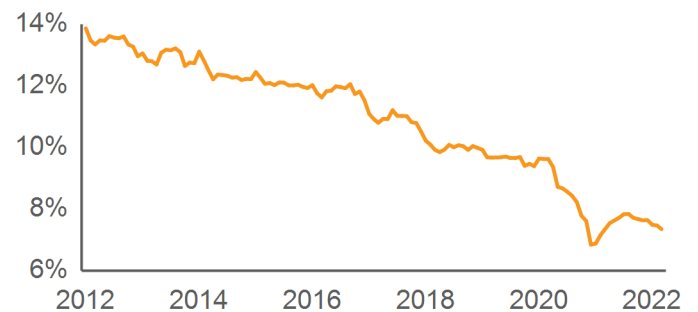
— Managed Medicare



— Private

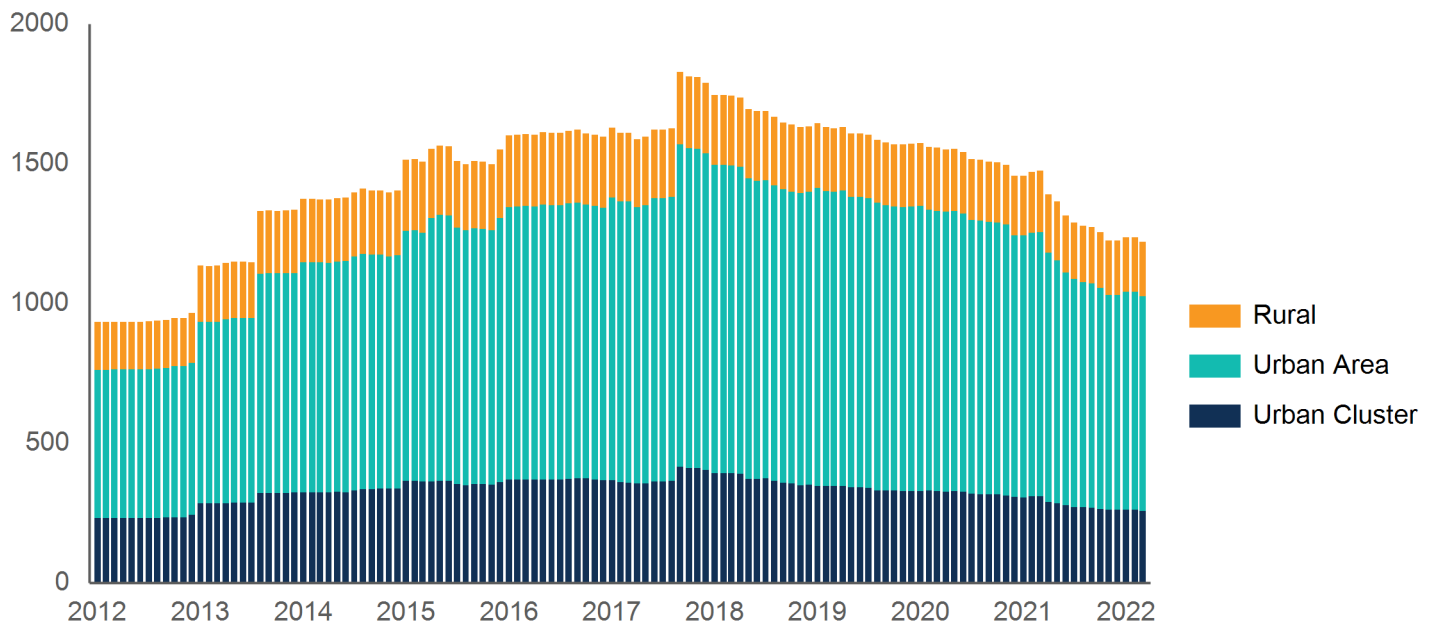


— Private



## 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:**

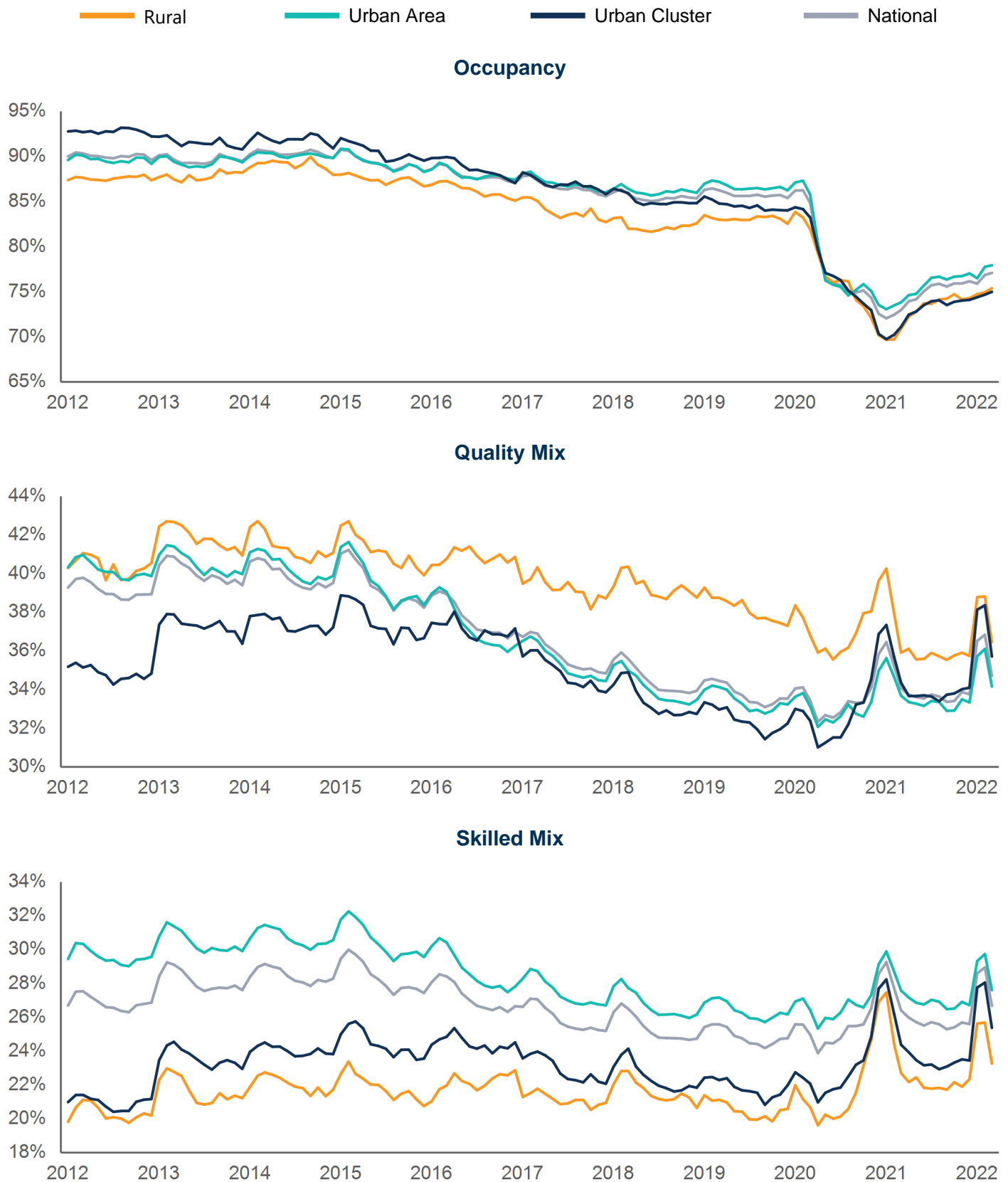
For the 2010 Census, the Census Bureau classified as urban all territory, population, and housing units located within urbanized areas (UAs) and urban clusters (UCs), both defined using the same criteria. The Census Bureau delineates UA and UC boundaries that represent densely developed territory, encompassing 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

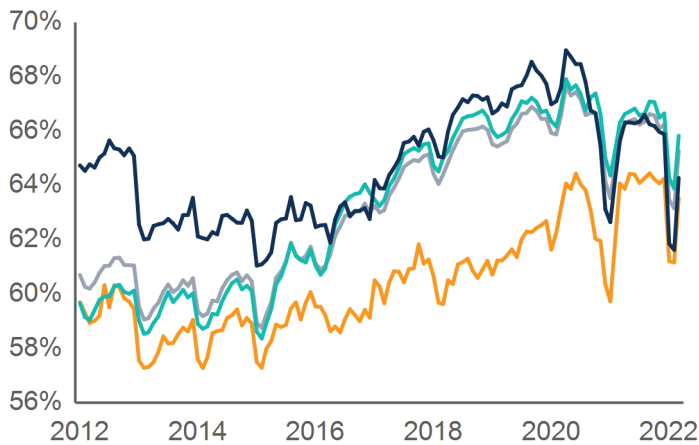


## Urban and Rural Trends

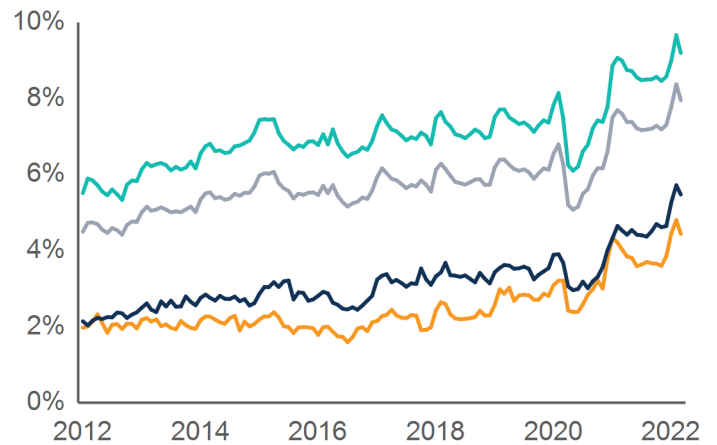
— Rural
 — Urban Area
 — Urban Cluster
 — National

### Patient Day Mix

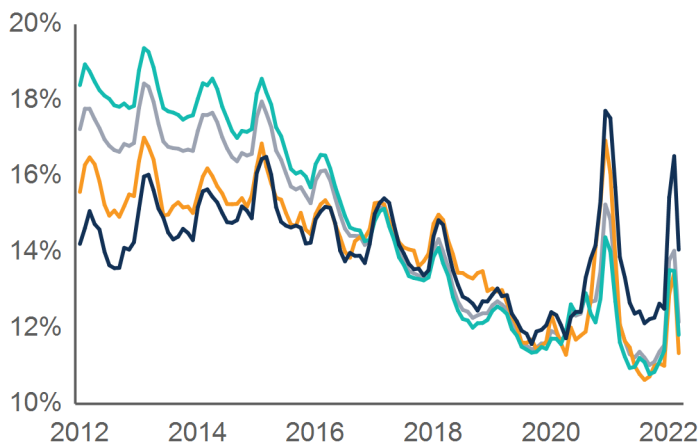
Medicaid



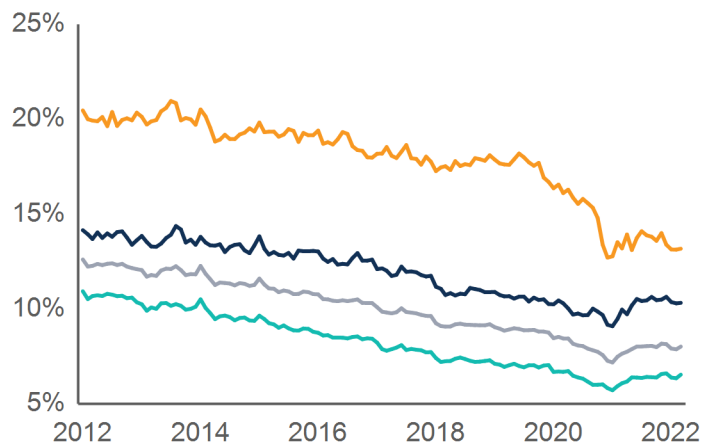
Managed Medicare



Medicare



Private



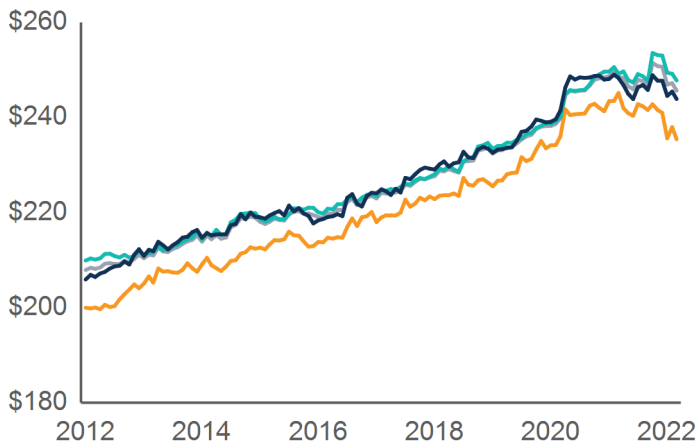


## Urban and Rural Trends

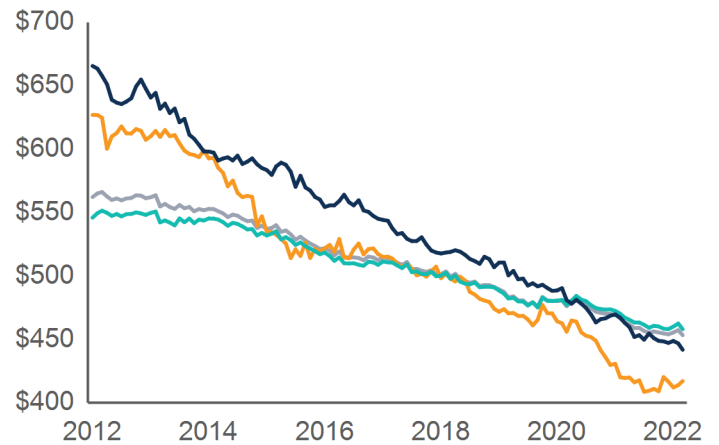
— Rural
 — Urban Area
 — Urban Cluster
 — National

### Revenue Per Patient Day

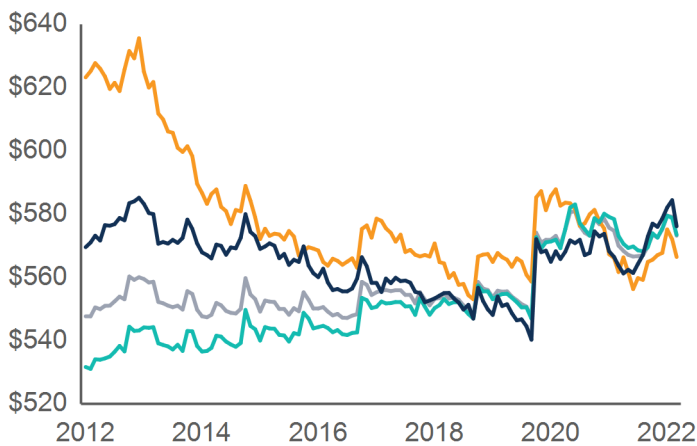
Medicaid



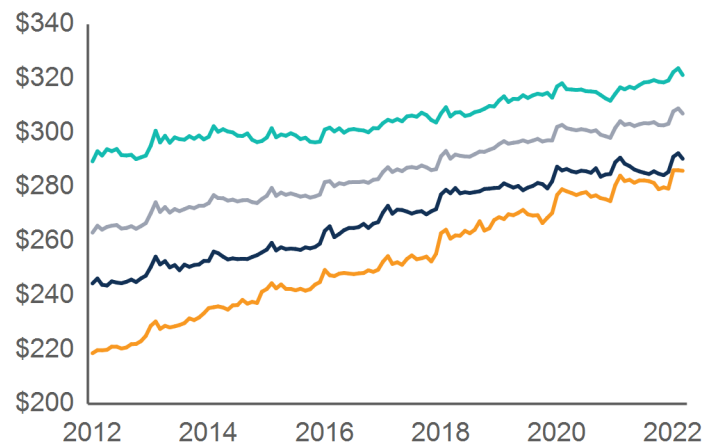
Managed Medicare



Medicare



Private

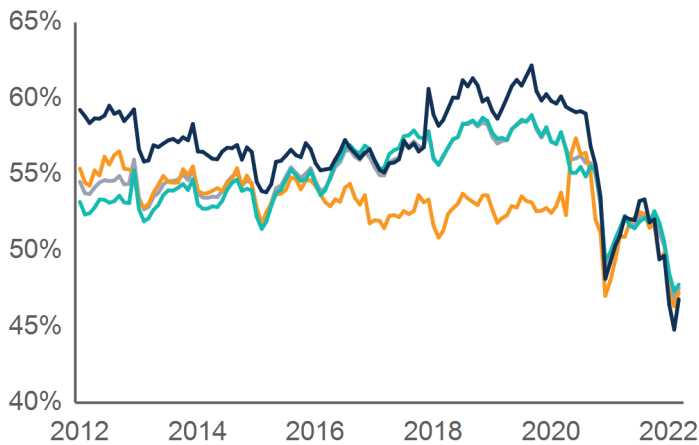


## Urban and Rural Trends

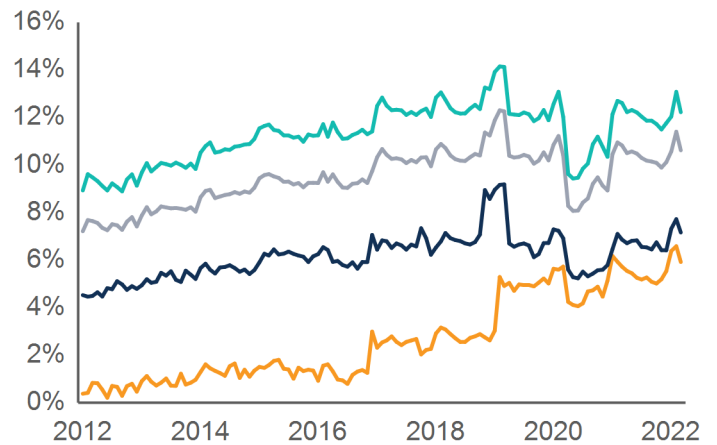
— Rural
 — Urban Area
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 — National

### Revenue Mix

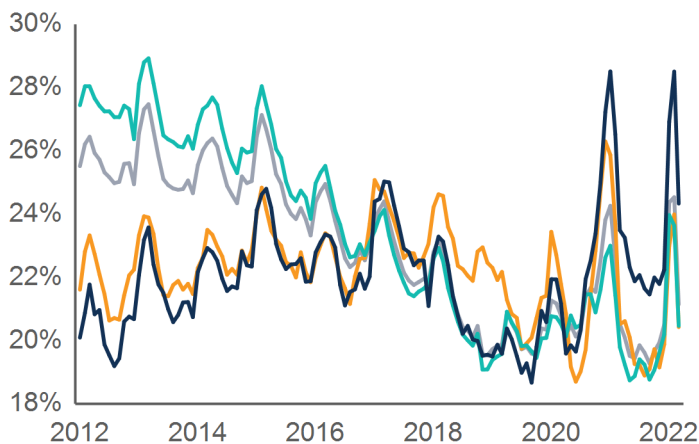
Medicaid



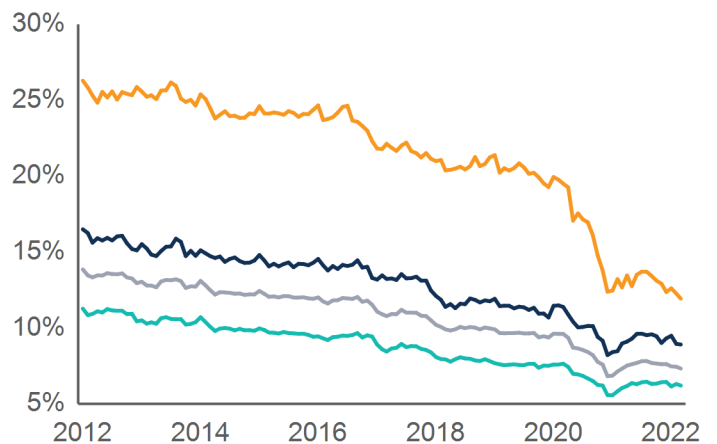
Managed Medicare



Medicare



Private



## Explanation of Data

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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

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**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.