



Skilled Nursing Monthly Report

Data through September 2022

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

National Investment Center for Seniors Housing & Care (NIC)

Key Takeaways

Occupancy

After increasing for two months in a row, skilled nursing property occupancy declined from August to September, decreasing 40 basis points to 78.4%. Occupancy is up 188 basis points from one year ago in September 2021 as it continues to recover since the pandemic low of 73.0% set in January 2021. Some challenges do persist as staffing shortages continue to create difficulties within skilled nursing properties limiting the ability to admit new residents in some markets. However, the current occupancy trend does suggest that demand for skilled nursing properties is recovering, given the 172-basis point increase from January to September this year (2022). Occupancy remains very low compared to February 2020 pre-pandemic levels of 87.2% (8.8 percentage points).

Medicare

Medicare revenue per patient day (RPPD) decreased slightly from August to end September 2022 at \$572. It has declined 3.1% since January when cases of COVID-19 were increasing in skilled nursing properties. The RPPD was higher in January likely because the Public Health Emergency (PHE) is still in place and the federal government has implemented initiatives to aid Medicare fee-for-service reimbursements to help care for COVID-19 positive patients requiring isolation. Meanwhile, Medicare revenue mix declined, falling 50 basis points from August to end September at 21.2%. It has also declined since January of this year when it was 24.4%.

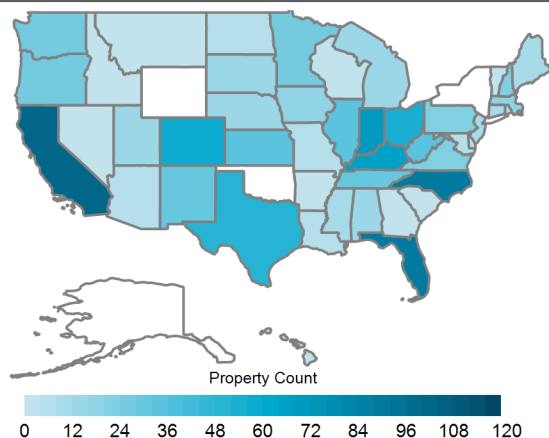
Managed Care

Managed Medicare revenue mix declined slightly, dropping 19 basis points from August to September at 10.2%. It has declined since its recent high of 11.5% in February. However, it is up by 211 basis points from the pandemic low set in May 2020 of 8.4%. Expectations are that it will continue to increase over time with the growth of managed Medicare. Meanwhile, Managed Medicare revenue per patient day (RPPD) decreased from \$461 to \$460 in September and is down 1.7% from last year in September 2021. It has decreased \$117 (20.2%) from January 2012 and continues to pressure some operators' revenue as managed Medicare enrollment grows around the country. However, some operators see managed Medicare as an opportunity for growth in patient volume.

Medicaid

Medicaid patient day mix increased to 65.1% in September. It has increased 210 basis points from the pandemic low of 63.0% set in January 2021. In addition, Medicaid revenue mix increased in September, and still represents over half of property revenue. It has increased 345 basis points from the pandemic low of 48.3% set in February 2022. Meanwhile, Medicaid revenue per patient day (RPPD) held steady at \$257 in September. It increased 1.2% from \$254 one year ago in September 2021.

Coverage

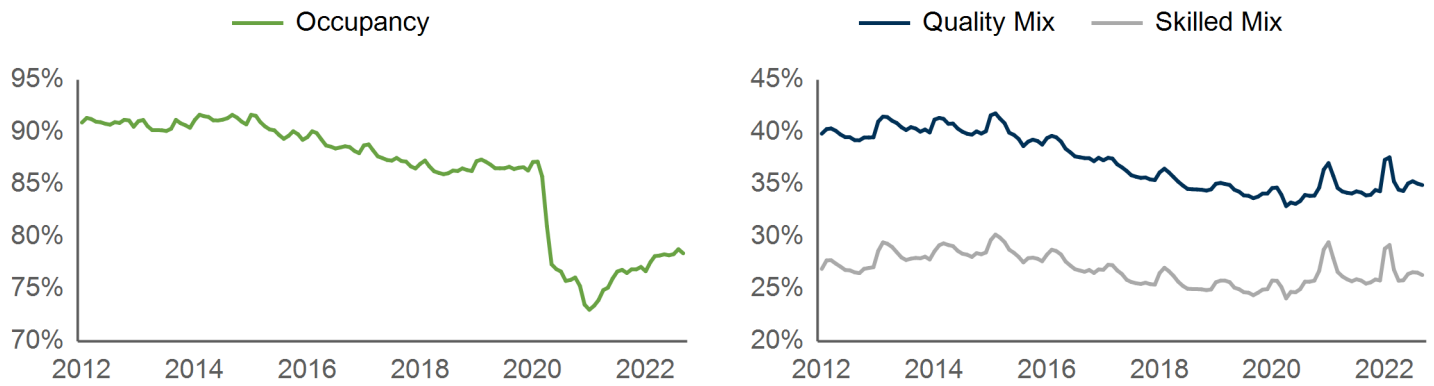


	August	September
States Represented	46	46
Number of Contributors	24	24
Total SNF Properties	1,107	1,104

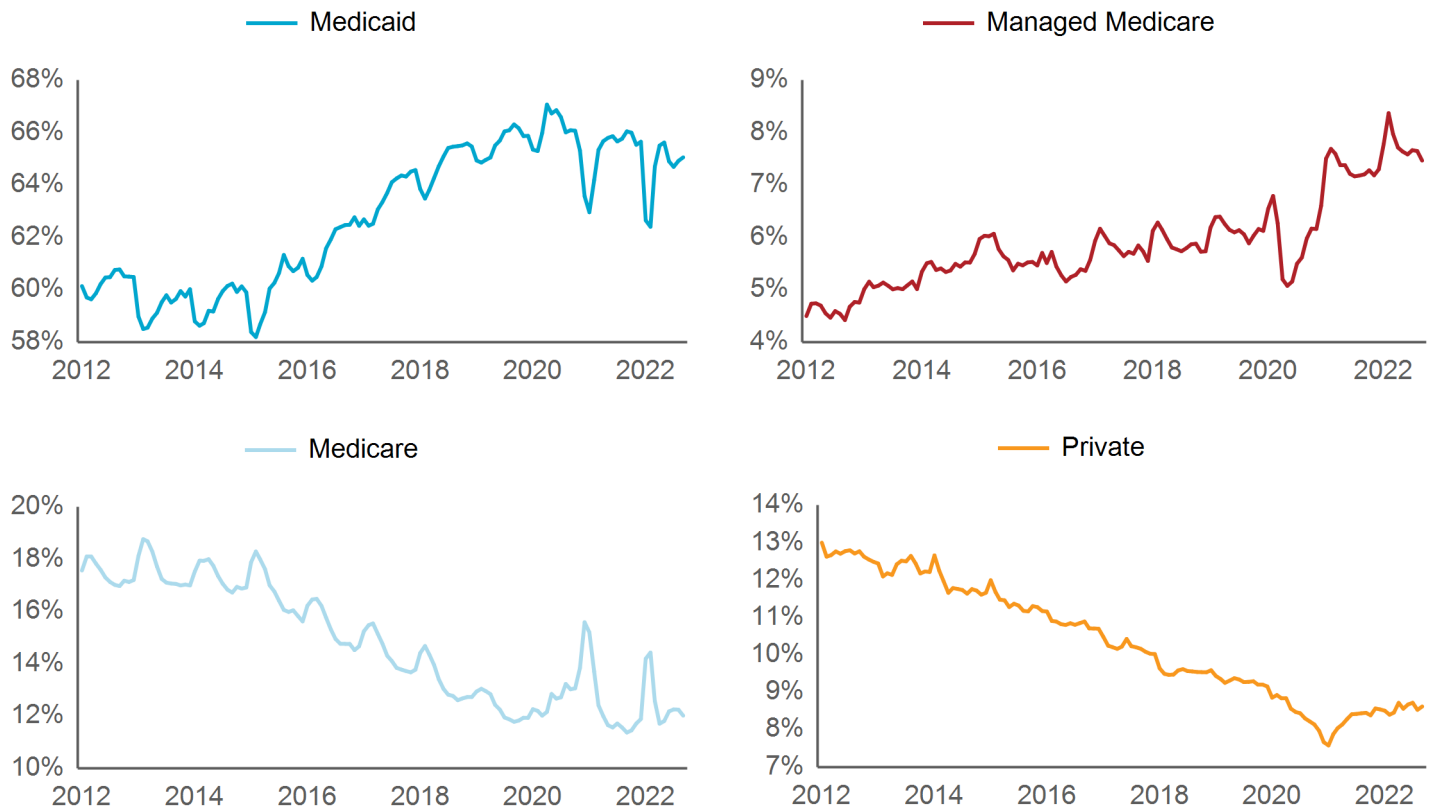
National Key Indicators

	National		Rural		Urban Cluster		Urban Area	
	Current Mo.	Mo./Mo.	Current Mo.	Mo./Mo.	Current Mo.	Mo./Mo.	Current Mo.	Mo./Mo.
Occupancy	78.4%	-40 bps	75.5%	-160 bps	76.1%	-58 bps	79.6%	-11 bps
Quality Mix	34.9%	-14 bps	36.4%	14 bps	34.8%	-104 bps	34.7%	4 bps
Skilled Mix	26.3%	-23 bps	22.4%	-32 bps	24.4%	-57 bps	27.6%	-12 bps
Patient Day Mix								
Medicaid	65.1%	14 bps	63.6%	-14 bps	65.2%	104 bps	65.3%	-4 bps
Medicare	12.0%	-23 bps	11.5%	-13 bps	13.4%	-27 bps	11.8%	-24 bps
Managed Medicare	7.5%	-18 bps	4.7%	0 bps	4.7%	-27 bps	8.7%	-19 bps
Private	8.6%	9 bps	14.0%	46 bps	10.4%	-47 bps	7.2%	16 bps
Revenue Per Patient Day								
Medicaid	\$257	0.1%	\$253	0.5%	\$257	-0.4%	\$258	0.1%
Medicare	\$572	-0.5%	\$573	-0.5%	\$577	-0.5%	\$570	-0.5%
Managed Medicare	\$460	-0.3%	\$421	-1.3%	\$463	-0.3%	\$464	-0.2%
Private	\$310	0.4%	\$284	-0.1%	\$298	0.8%	\$324	0.4%
Revenue Mix								
Medicaid	51.7%	65 bps	50.9%	18 bps	52.1%	92 bps	51.8%	67 bps
Medicare	21.2%	-50 bps	20.9%	-30 bps	24.0%	-38 bps	20.6%	-57 bps
Managed Medicare	10.2%	-19 bps	6.3%	-13 bps	6.5%	-32 bps	11.8%	-16 bps
Private	7.9%	7 bps	12.3%	15 bps	9.2%	-28 bps	6.8%	14 bps

National Trends

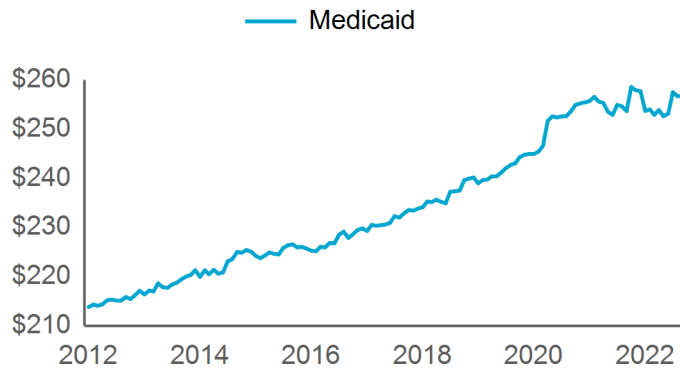


Patient Day Mix

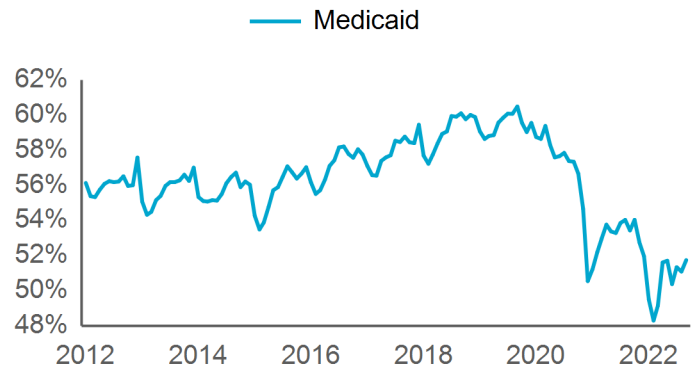


National Trends

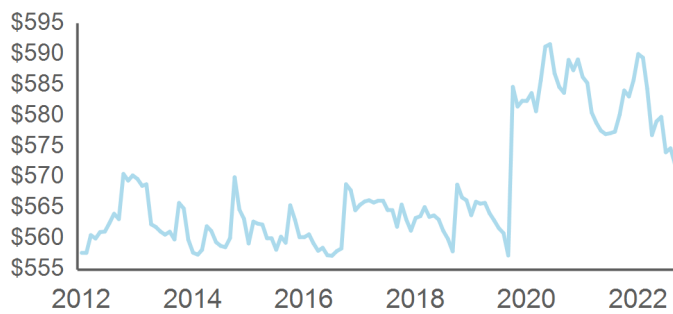
Revenue Per Patient Day



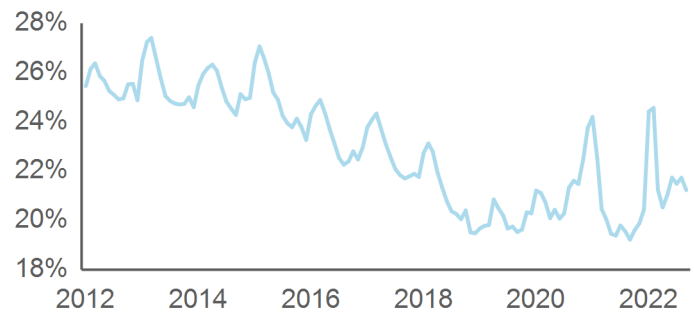
Revenue Mix



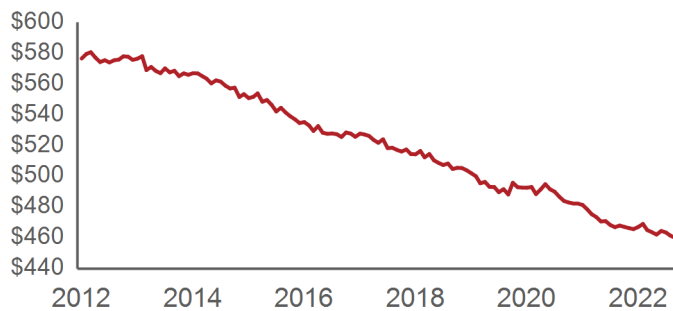
— Medicare



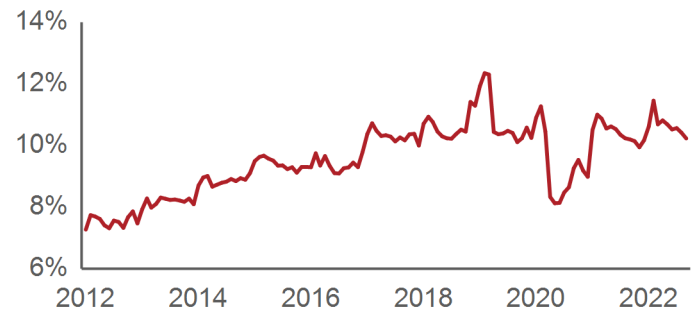
— Medicare



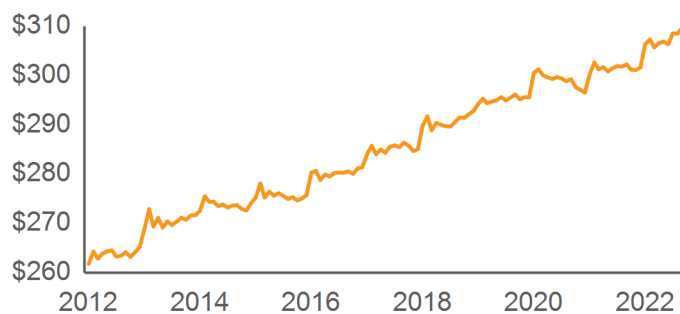
— Managed Medicare



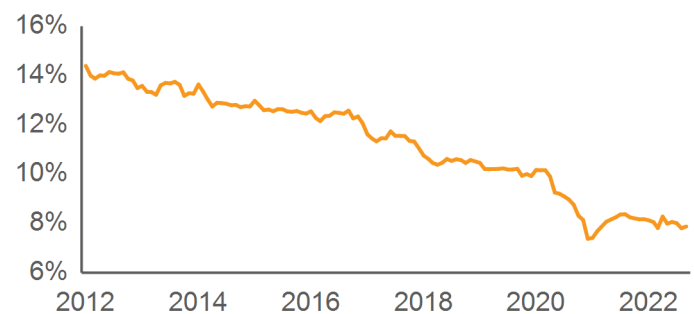
— Managed Medicare



— Private

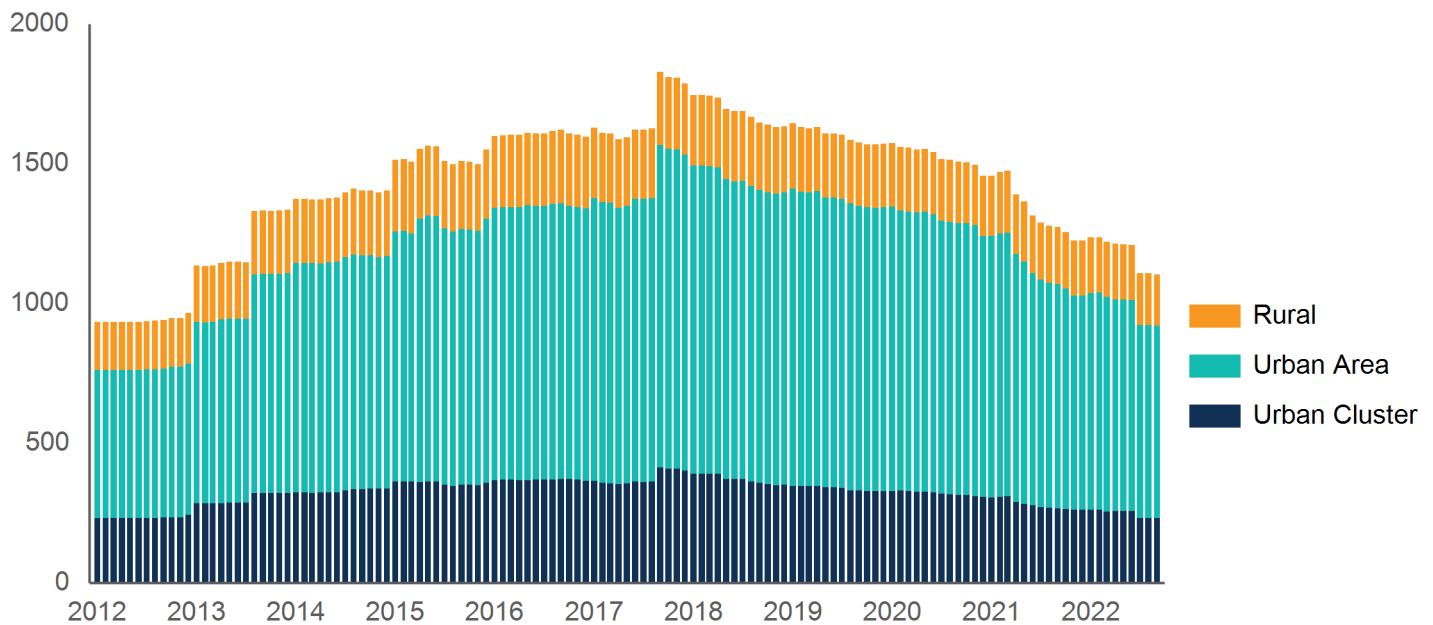


— Private



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:

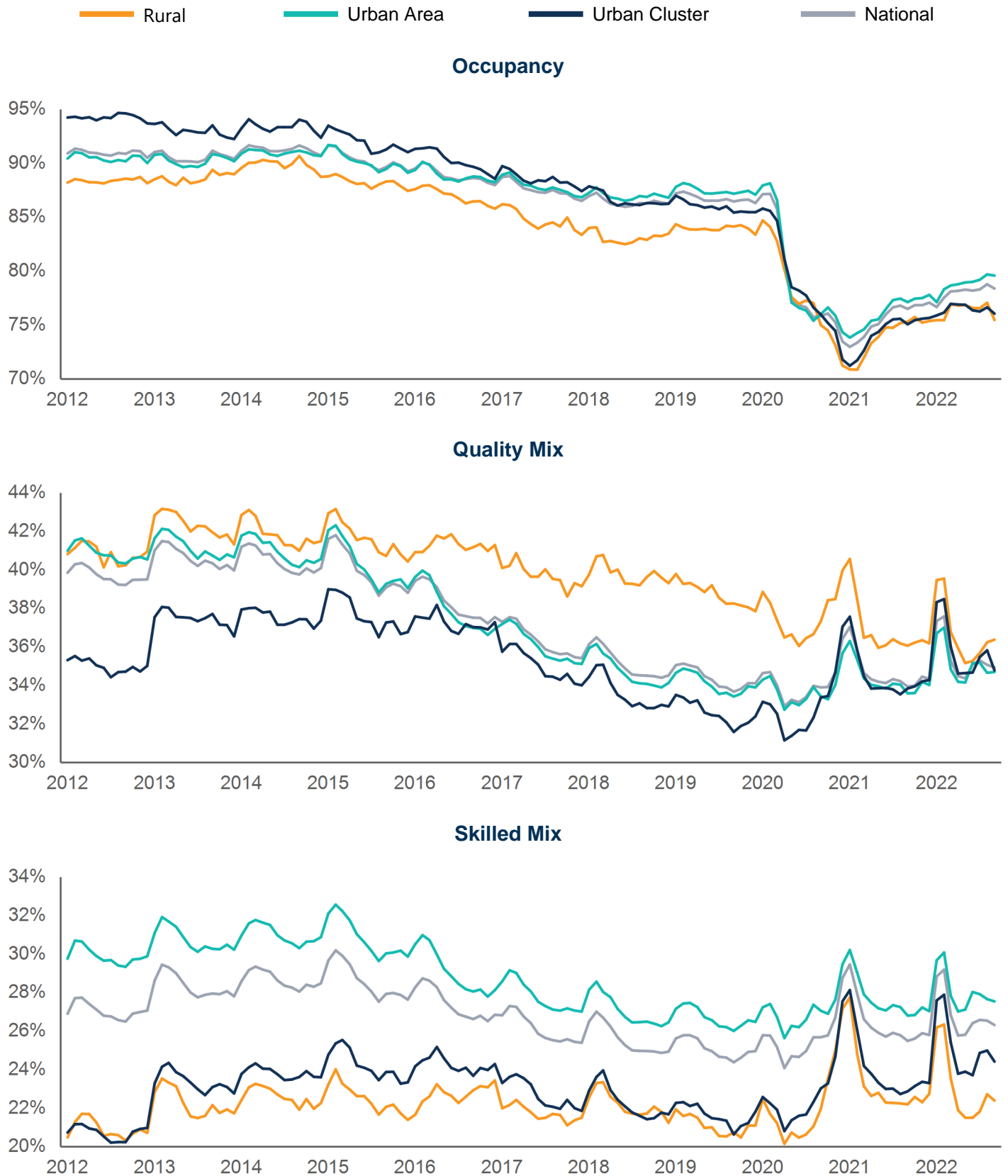
For the 2010 Census, the Census Bureau classified as urban all territory, population, and housing units located within urbanized areas (UAs) and urban clusters (UCs), both defined using the same criteria. The Census Bureau delineates UA and UC boundaries that represent densely developed territory, encompassing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

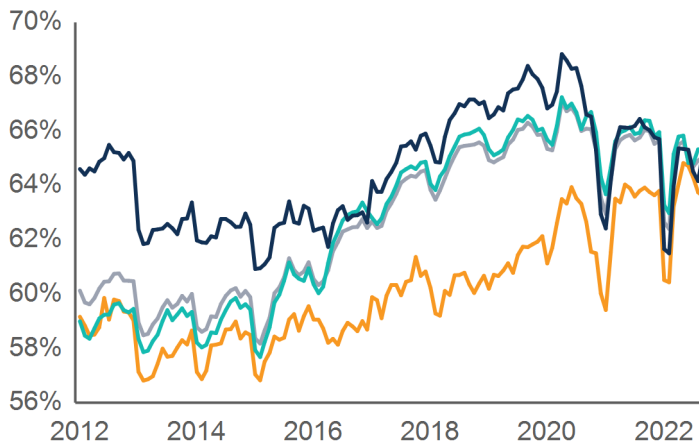


Urban and Rural Trends

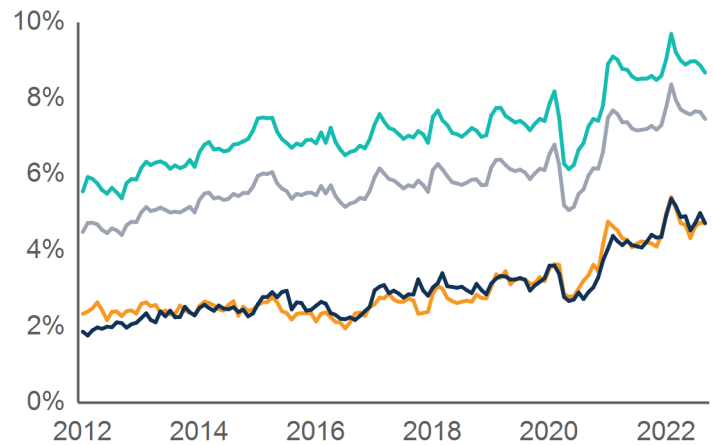
— Rural
 — Urban Area
 — Urban Cluster
 — National

Patient Day Mix

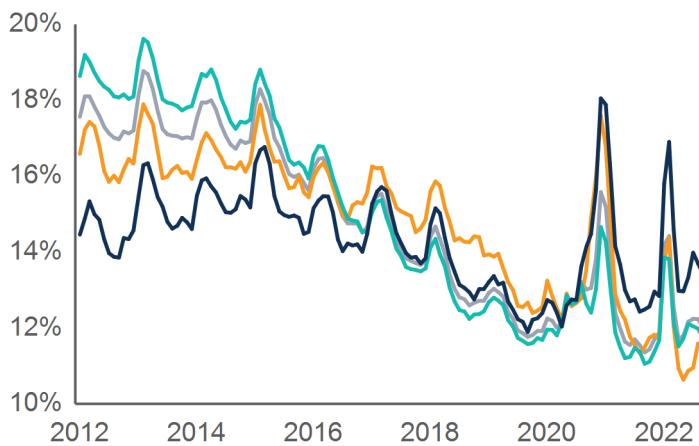
Medicaid



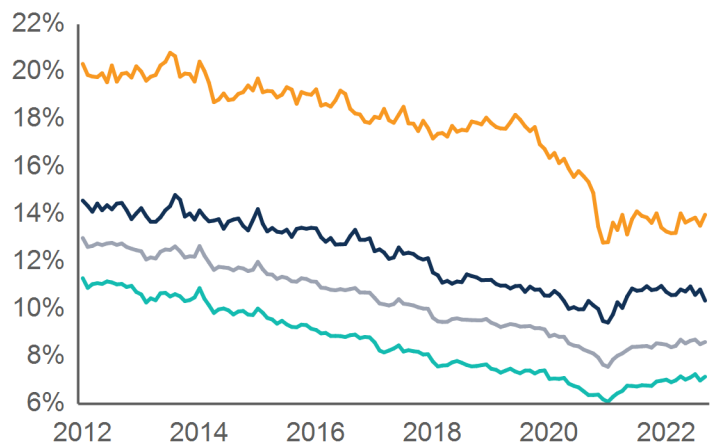
Managed Medicare



Medicare



Private

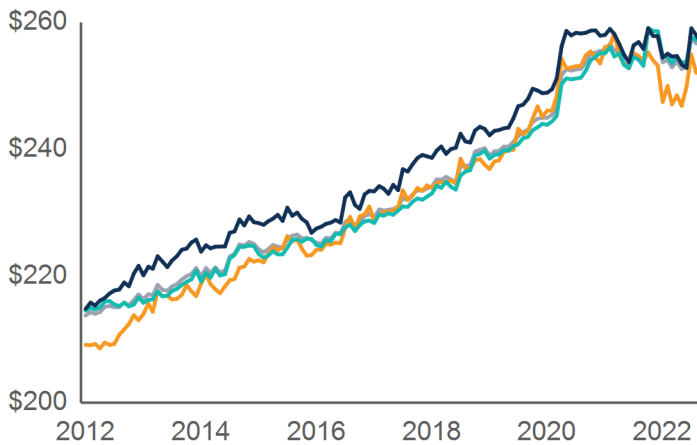


Urban and Rural Trends

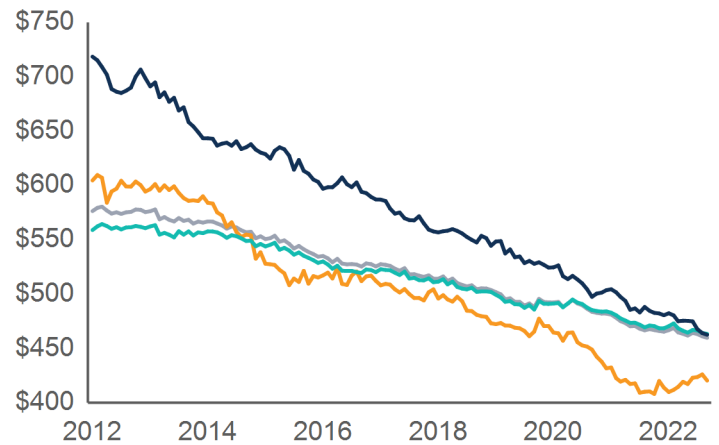
— Rural
 — Urban Area
 — Urban Cluster
 — National

Revenue Per Patient Day

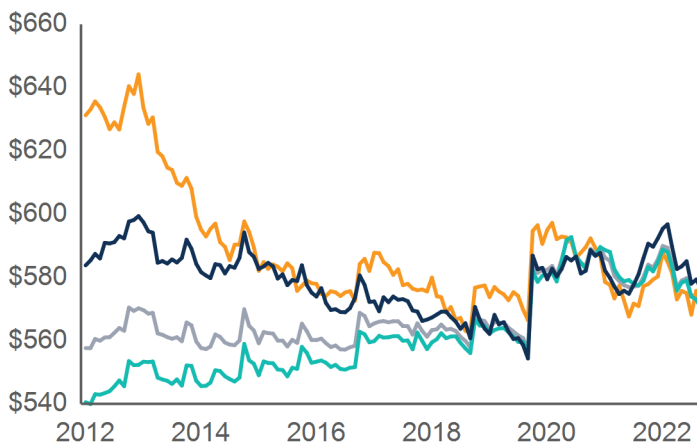
Medicaid



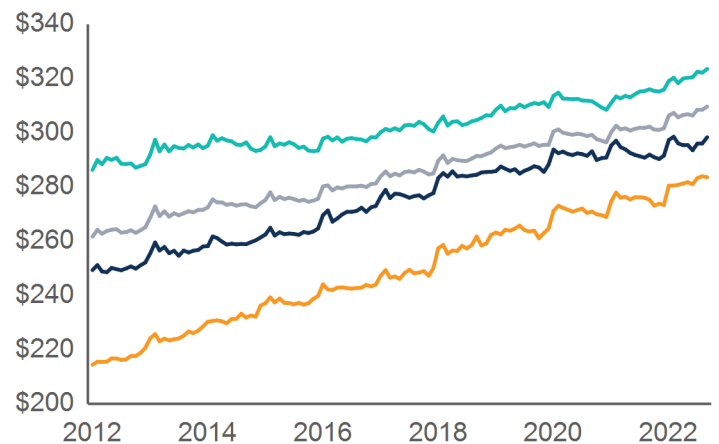
Managed Medicare



Medicare



Private

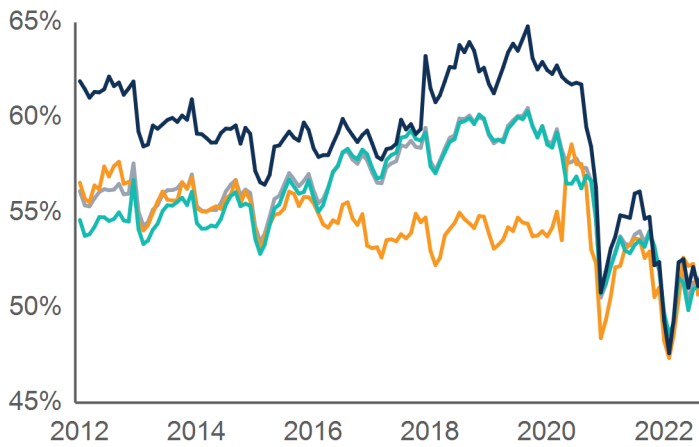


Urban and Rural Trends

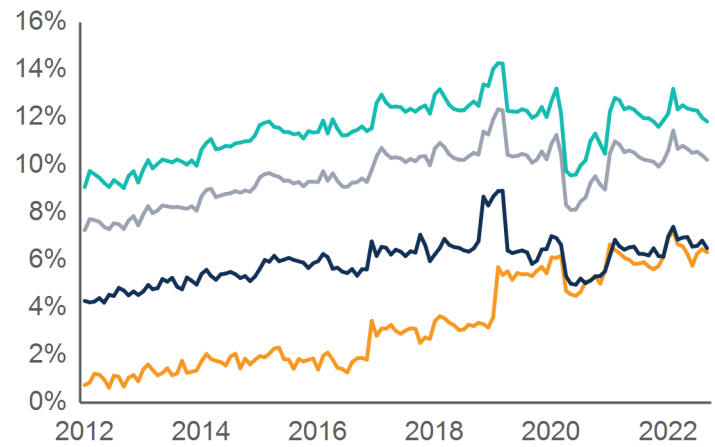
— Rural
 — Urban Area
 — Urban Cluster
 — National

Revenue Mix

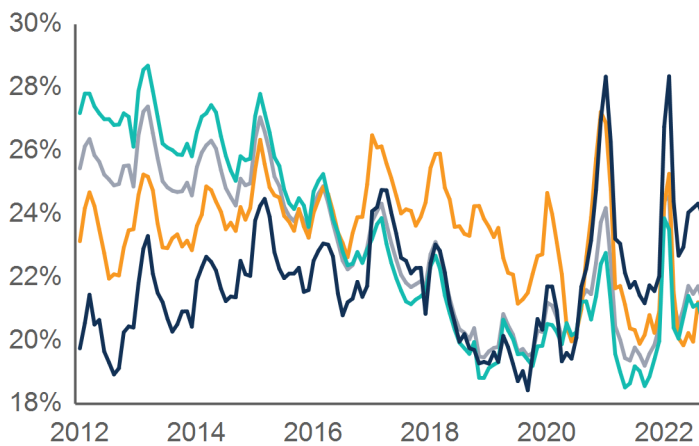
Medicaid



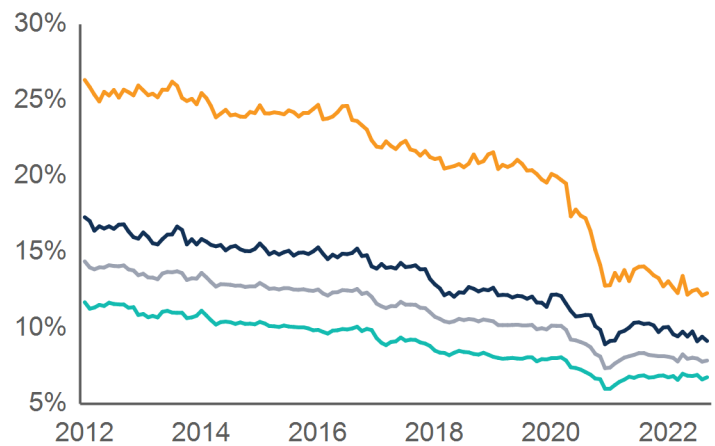
Managed Medicare



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.