Skilled Nursing Data Report

Key Occupancy & Revenue Trends

Based on Data from January 2012 through March 2019
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Because of the flu season and higher admissions in the winter months, we typically see an increase in occupancy from the fourth quarter to the first quarter. However, as occupancy has shown strength over the past several months, it suggests that seasonality is not the only factor in the recent uptrend in occupancy.

- Bill Kauffman, Senior Principal, NIC
National Skilled Nursing Trends

Data through March 2019

Occupancy

Quality  Skilled Mix

Patient Day Mix

Medicaid

Managed Medicare

Medicare

Private

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National Skilled Nursing Trends

Data through March 2019

Revenue Per Patient Day
- Medicaid
- Medicare
- Managed Medicare
- Private

Revenue Mix
- Medicaid
- Medicare
- Managed Medicare
- Private

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Skilled Nursing Coverage

Data through March 2019

Key Indicators

Data through March 2019

<table>
<thead>
<tr>
<th>National</th>
<th>Rural</th>
<th>Urban Cluster</th>
<th>Urban Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current Month</td>
<td>M/M</td>
<td>Current Month</td>
</tr>
<tr>
<td>Occupancy</td>
<td>83.7%</td>
<td>30 bps</td>
<td>81.9%</td>
</tr>
<tr>
<td>Quality Mix</td>
<td>34.2%</td>
<td>-3 bps</td>
<td>38.1%</td>
</tr>
<tr>
<td>Skilled Mix</td>
<td>26.0%</td>
<td>5 bps</td>
<td>22.2%</td>
</tr>
</tbody>
</table>

Patient Day Mix

| Medicaid | 65.8% | 3 bps | 61.9% | 28 bps | 65.2% | 17 bps | 66.5% | -4 bps |
| Medicare | 12.2% | -6 bps | 10.8% | -19 bps | 12.9% | -17 bps | 12.3% | -1 bps |
| Managed Medicare | 7.2% | 3 bps | 3.4% | -5 bps | 3.8% | 3 bps | 8.6% | 5 bps |
| Private | 8.2% | -8 bps | 15.9% | -6 bps | 10.8% | 0 bps | 6.4% | -10 bps |

Revenue Per Patient Day

| Medicaid | $210 | 0.2% | $196 | -0.2% | $201 | 0.3% | $215 | 0.2% |
| Medicare | $520 | -0.2% | $485 | -0.1% | $501 | -0.7% | $531 | -0.1% |
| Managed Medicare | $432 | -0.7% | $408 | -0.9% | $406 | -1.0% | $436 | -0.7% |
| Private | $271 | -0.3% | $236 | 0.6% | $252 | -0.1% | $293 | -0.7% |

Revenue Mix

| Medicaid | 49.2% | 5 bps | 46.7% | 32 bps | 47.9% | 56 bps | 49.9% | -11 bps |
| Medicare | 21.3% | 1 bps | 20.2% | -17 bps | 22.8% | -22 bps | 21.0% | 9 bps |
| Managed Medicare | 12.1% | -1 bps | 5.4% | -29 bps | 8.0% | -13 bps | 14.0% | 6 bps |
| Private | 7.9% | 3 bps | 14.5% | 32 bps | 10.0% | 8 bps | 6.5% | -2 bps |
Urban and Rural Trends

Data through March 2019

Occupancy

Quality Mix

Skilled Mix

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

Data through March 2019

Patient Day Mix

Medicaid

Managed Medicare

Medicare

Private

Reporting Property Distribution

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Managed Medicare continues to have a growing influence on the operator revenue, further demonstrating the importance of managed Medicare as a payor within the skilled nursing sector. This trend can be seen in both the urban and rural areas.

- Beth Mace, Chief Economist and Director of Outreach, NIC
Urban and Rural Trends

Data through March 2019

Revenue Mix

Medicaid

Managed Medicare

Medicare

Private

[Graphs showing Revenue Mix by Medicaid, Managed Medicare, Medicare, and Private, with data from 2012 to 2019, for Rural and Urban Area, Urban Cluster, and National levels.]

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Glossary of Terms

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

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

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

**Urban Area/Urban Cluster/Rural:** See Page 7.

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 6.

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

1 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.

About NIC

The National Investment Center for Seniors Housing & Care (NIC) is a 501(c)(3) organization whose mission is to advance access and choice in seniors housing and care—from independent living, assisted living, and memory care, to skilled nursing and post-acute care. NIC provides research, education, and increased transparency that facilitate leadership development, quality outcomes, and informed investment decisions with respect to seniors housing and care. Since 1991, NIC has been the leading source of research, data and analytics for owners, operators, developers, capital providers, researchers, academics, public policy analysts and others interested in meeting the housing and care needs of America’s elders.

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