



Skilled Nursing Monthly Report

Data through April 2021

<http://www.nic.org/nic-map> | 410-267-0504
National Investment Center for Seniors Housing & Care (NIC)

Key Takeaways

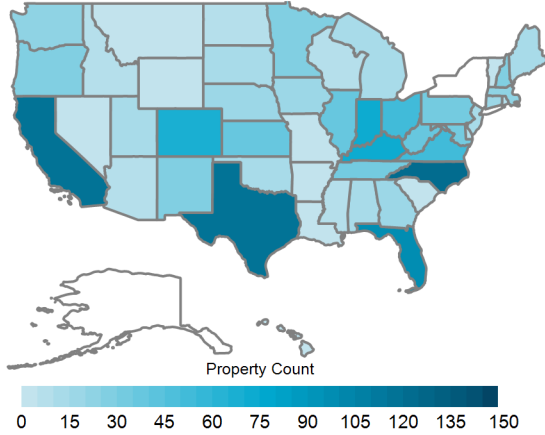
The upward trend in skilled nursing occupancy continued in April. Occupancy increased for the third month in a row, rising 94 basis points from March to end April at 73.2%. Occupancy is now up 185 basis points from the 71.3% low point reached in January. There is optimism that occupancy will continue to increase through 2021 as vaccinations continue around the country and as elective surgeries rise, thereby supporting admissions to skilled nursing properties. However, occupancy still is very low relative to pre-pandemic levels and cash flow is a concern at some properties. Occupancy is down 12.3 percentage points from the pre-pandemic February 2020 level of 85.5%.

Managed Medicare revenue mix decreased 30 basis points to 10.8% from March to April. However, it has increased 159 basis points since the end of 2020 (9.2%) and it is up 245 basis points since the pandemic low of 8.3% set back in May 2020 when many elective surgeries were still suspended and significant restrictions to admissions were in place across the country. This revenue mix trend, along with recent increased occupancy, suggests that managed Medicare admissions have been increasing. Compared to one year ago, managed Medicare revenue mix is up 225 basis points from 8.5%.

Medicare patient day mix decreased 40 basis points to 12.0% in April from March and is down 358 basis points from the 12-month high of 15.6% reached in December 2020. In addition, and a similar trend to patient day mix, Medicare revenue mix decreased 41 basis points from March to end April at 21.1% and is down 4.2 percentage points from the 12-month high of 25.2% reached in January 2021. This decline suggests that as resident cases of COVID-19 have declined, there have been fewer patients converted from Medicaid to Medicare, which was helpful when cases among residents were elevated as CMS waived the 3-Day Rule requiring a new 3-day inpatient hospital stay.

Medicaid revenue mix increased 85 basis points from March, ending April at 50.0%. Medicaid revenue mix was 46.7% in December 2020, representing a time-series low. This was due to factors such as CMS waiving the 3-Day Rule and lower Medicaid days overall due to lower admissions. It has since increased 326 basis points. However, it is still down 449 basis points from one year ago (54.5%). Medicaid days are expected to increase as occupancy continues to increase during 2021.

Coverage

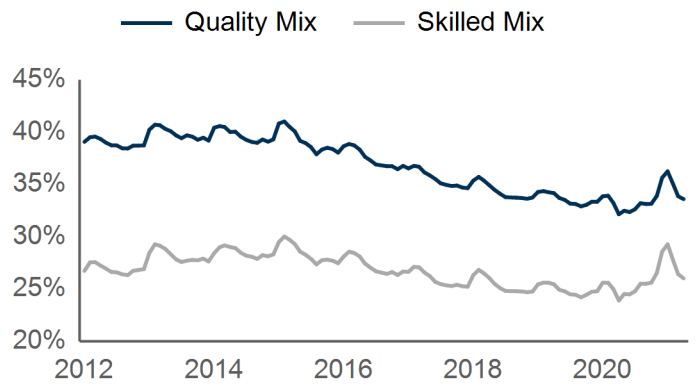
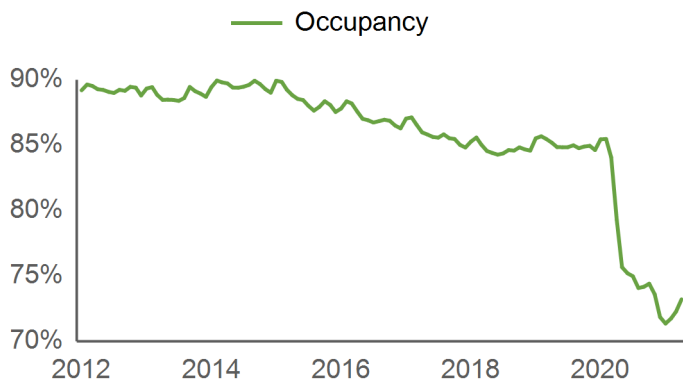


	March	April
States Represented	48	48
Number of Contributors	29	28
Total SNF Properties	1,474	1,391

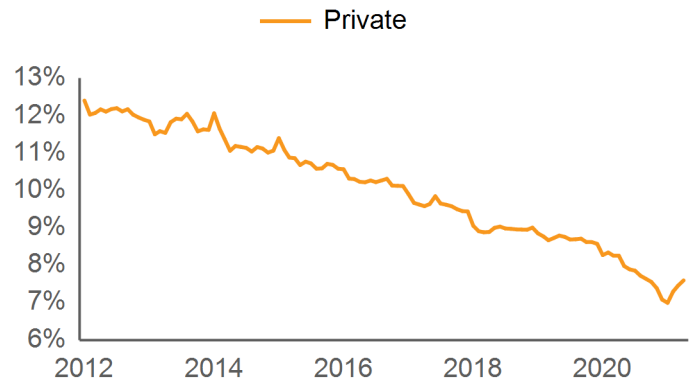
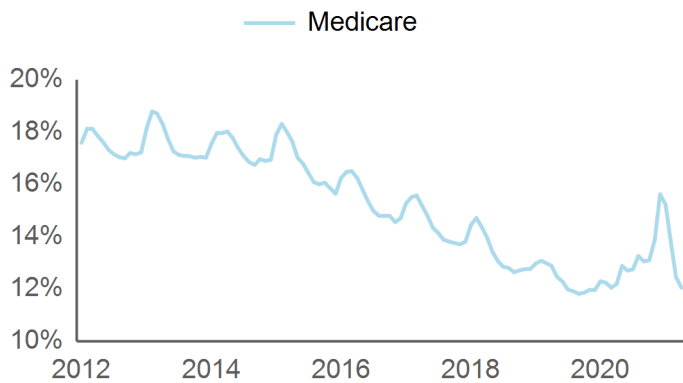
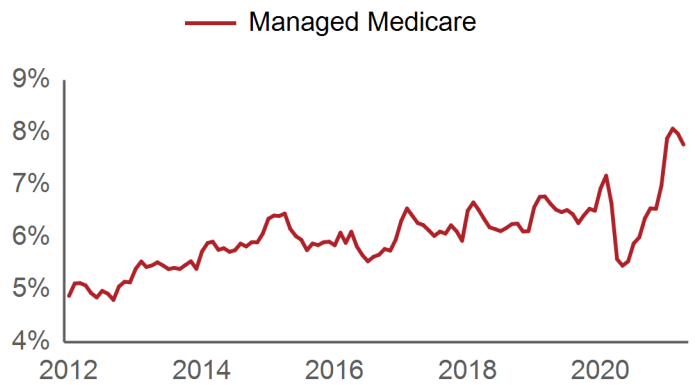
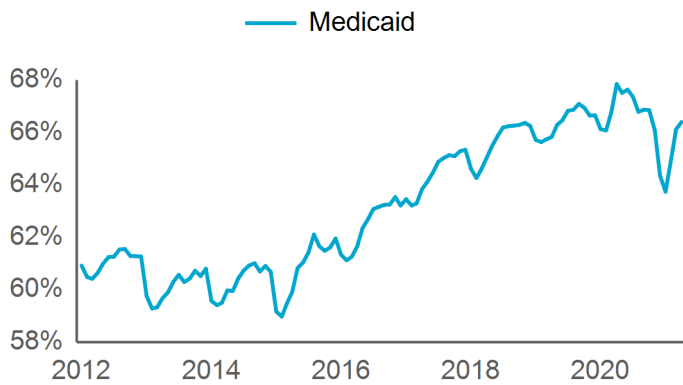
National Key Indicators

	National		Rural		Urban Cluster		Urban Area	
	Current Mo.	Mo./Mo.	Current Mo.	Mo./Mo.	Current Mo.	Mo./Mo.	Current Mo.	Mo./Mo.
Occupancy	73.2%	94 bps	72.4%	139 bps	71.7%	131 bps	73.7%	77 bps
Quality Mix	33.6%	-28 bps	36.7%	15 bps	33.0%	-59 bps	33.3%	-27 bps
Skilled Mix	26.0%	-42 bps	23.3%	-45 bps	23.5%	-45 bps	27.1%	-41 bps
Patient Day Mix								
Medicaid	66.4%	28 bps	63.3%	-15 bps	67.0%	59 bps	66.7%	27 bps
Medicare	12.0%	-40 bps	12.5%	-42 bps	13.3%	-52 bps	11.7%	-37 bps
Managed Medicare	7.8%	-21 bps	4.5%	-17 bps	4.6%	-13 bps	9.1%	-24 bps
Private	7.6%	14 bps	13.4%	60 bps	9.5%	-14 bps	6.2%	14 bps
Revenue Per Patient Day								
Medicaid	\$242	-0.1%	\$229	-1.3%	\$238	-0.6%	\$246	0.2%
Medicare	\$557	-0.3%	\$563	0.6%	\$555	-0.4%	\$557	-0.5%
Managed Medicare	\$452	-0.4%	\$442	0.2%	\$448	-0.8%	\$453	-0.4%
Private	\$292	0.1%	\$268	0.2%	\$278	-0.3%	\$305	0.2%
Revenue Mix								
Medicaid	50.0%	85 bps	47.2%	11 bps	50.5%	126 bps	50.3%	86 bps
Medicare	21.1%	-41 bps	22.7%	4 bps	23.7%	-14 bps	20.2%	-55 bps
Managed Medicare	10.8%	-30 bps	6.4%	-19 bps	6.5%	-18 bps	12.4%	-34 bps
Private	6.8%	21 bps	11.6%	62 bps	8.2%	15 bps	5.7%	17 bps

National Trends

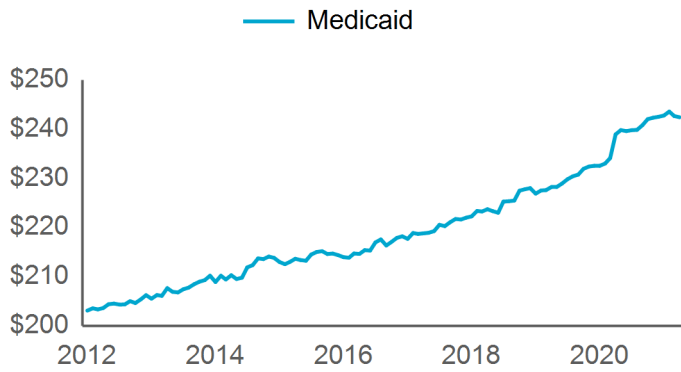


Patient Day Mix

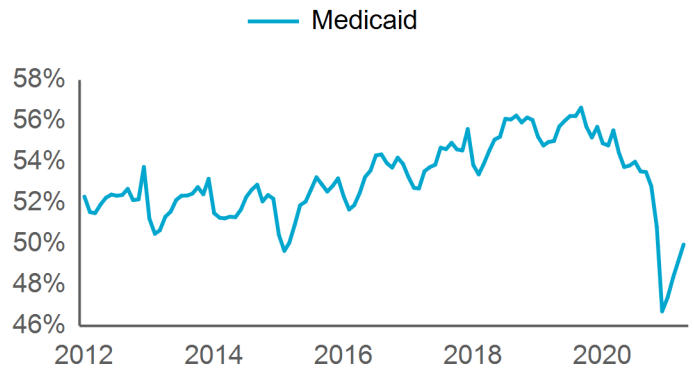


National Trends

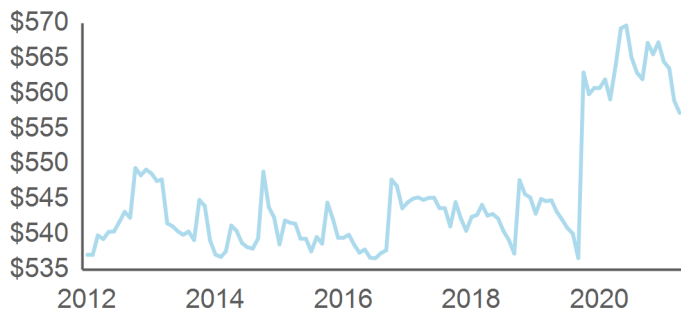
Revenue Per Patient Day



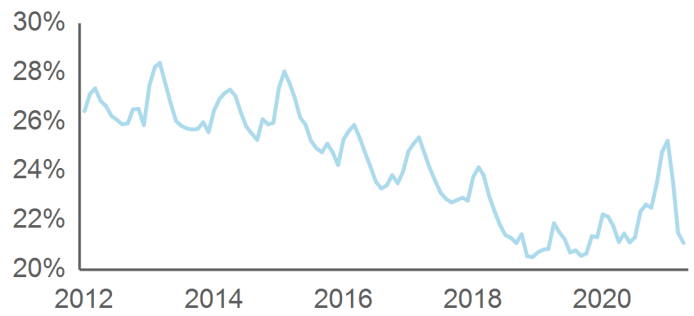
Revenue Mix



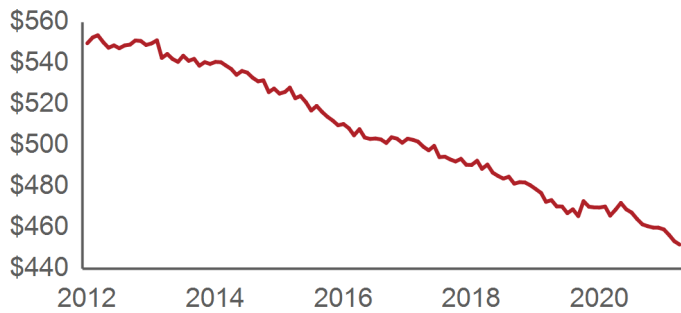
— Medicare



— Medicare



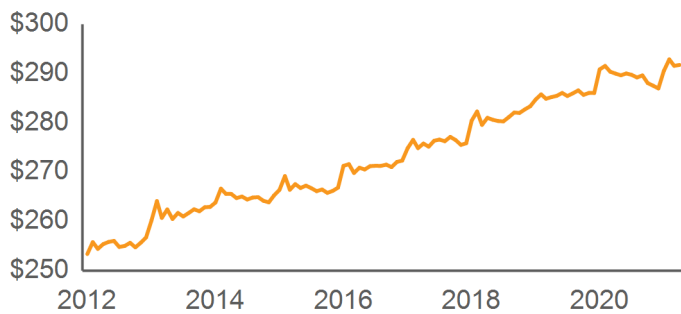
— Managed Medicare



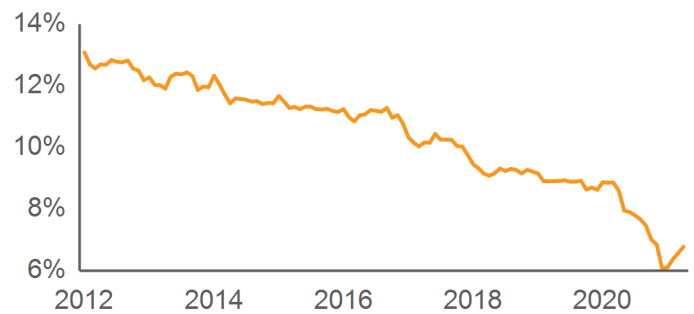
— Managed Medicare



— Private

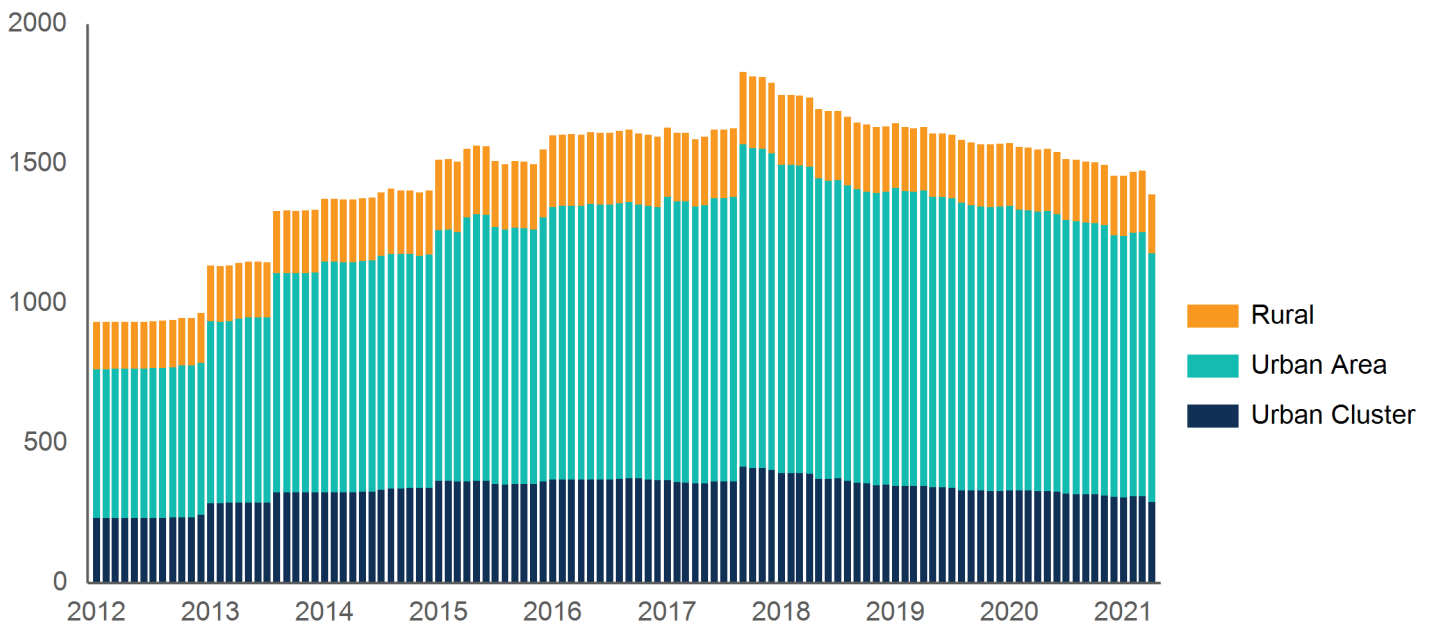


— Private



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:

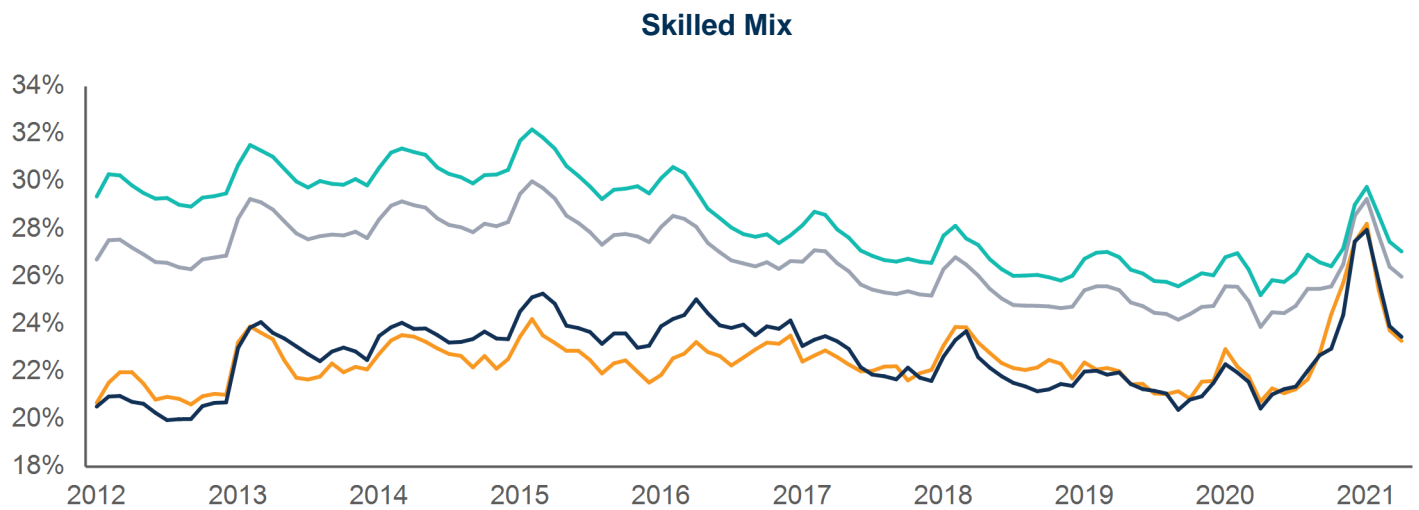
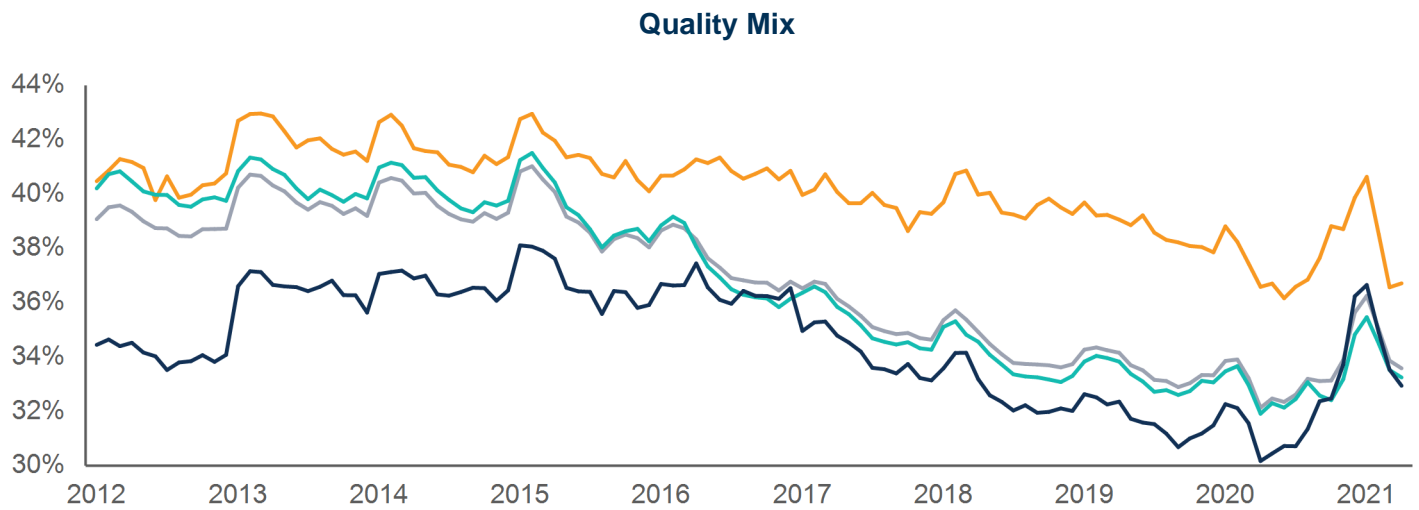
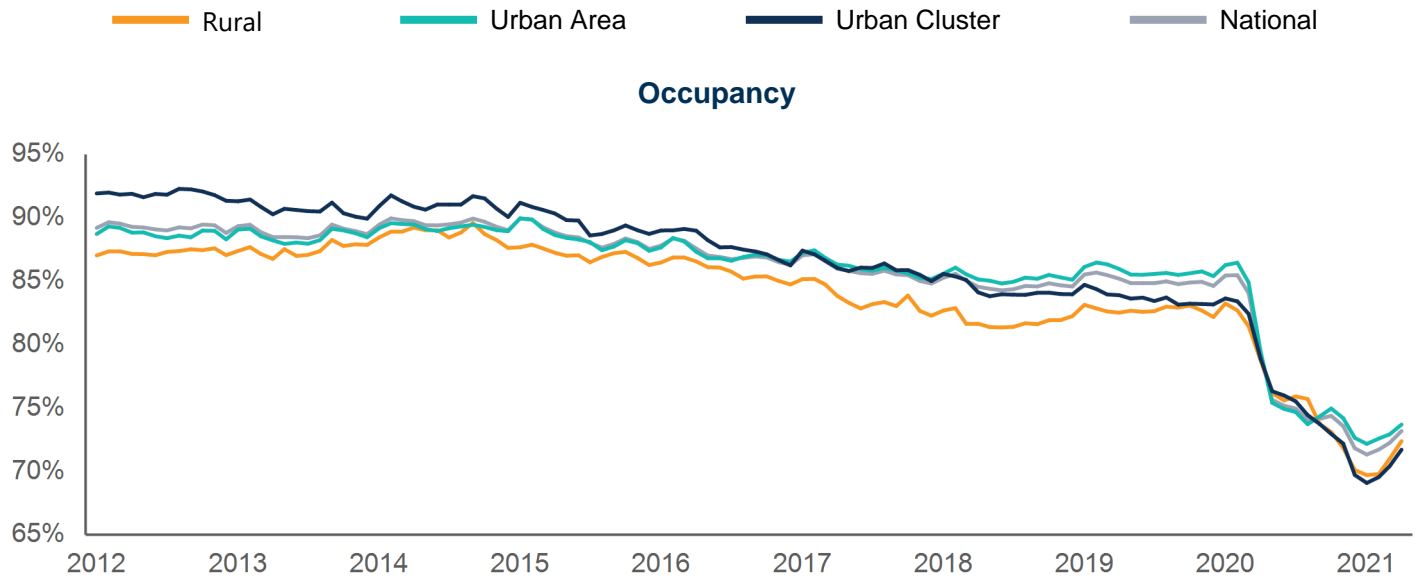
For the 2010 Census, the Census Bureau classified as urban all territory, population, and housing units located within urbanized areas (UAs) and urban clusters (UCs), both defined using the same criteria. The Census Bureau delineates UA and UC boundaries that represent densely developed territory, encompassing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

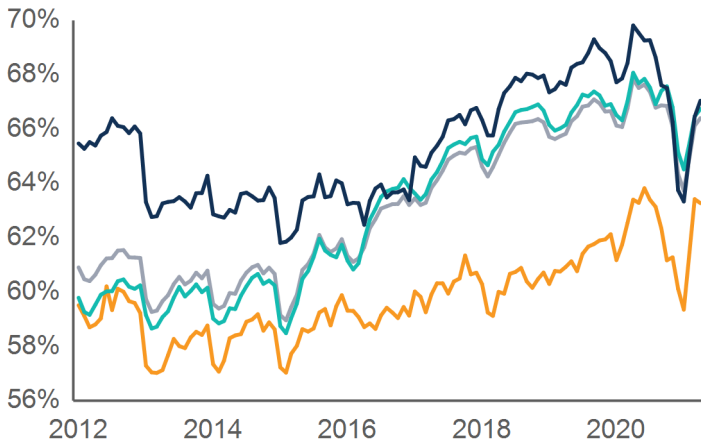


Urban and Rural Trends

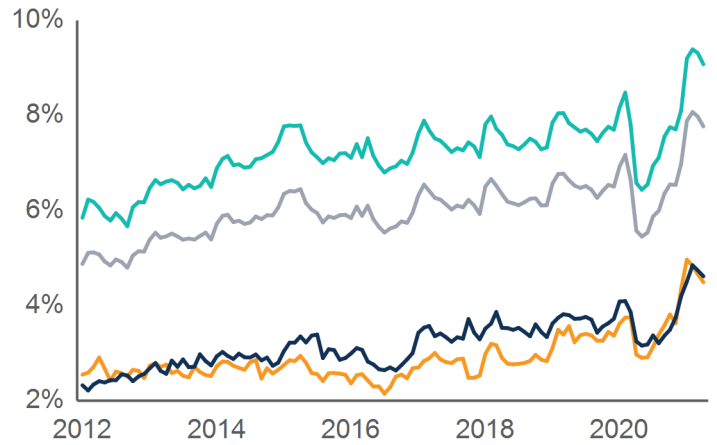
— Rural
 — Urban Area
 — Urban Cluster
 — National

Patient Day Mix

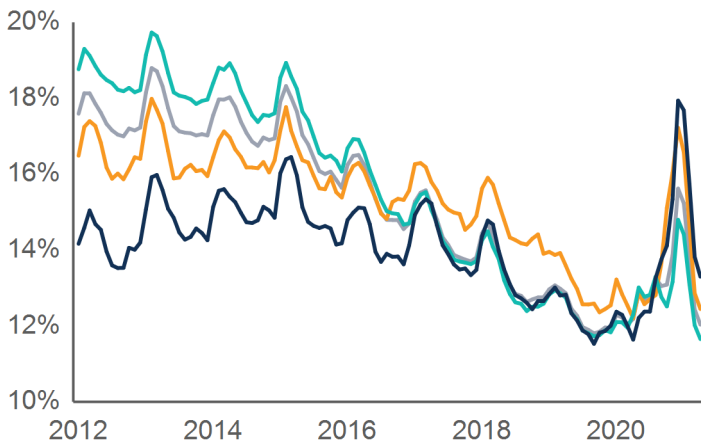
Medicaid



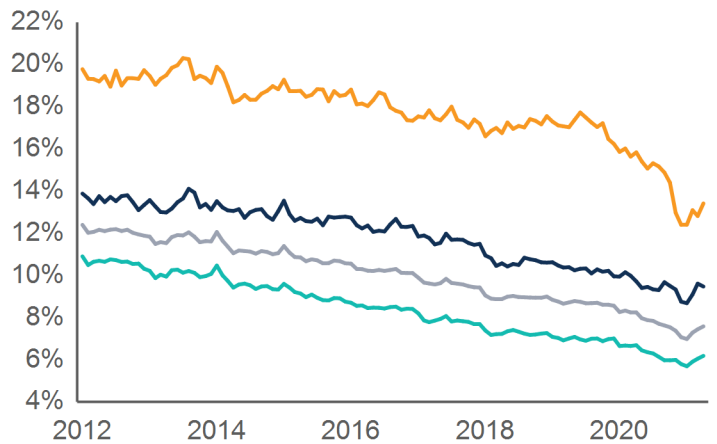
Managed Medicare



Medicare



Private

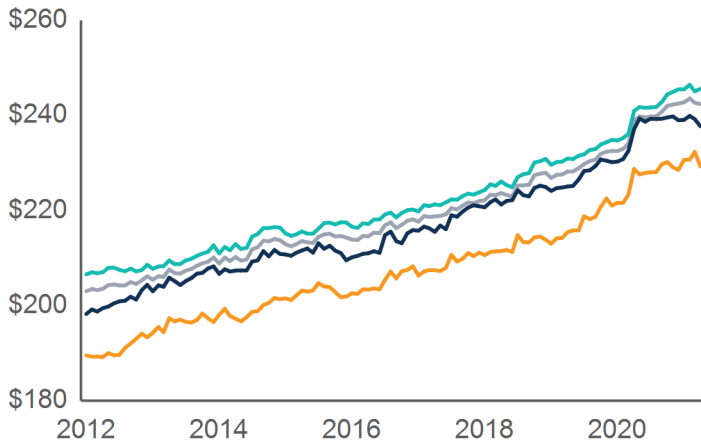


Urban and Rural Trends

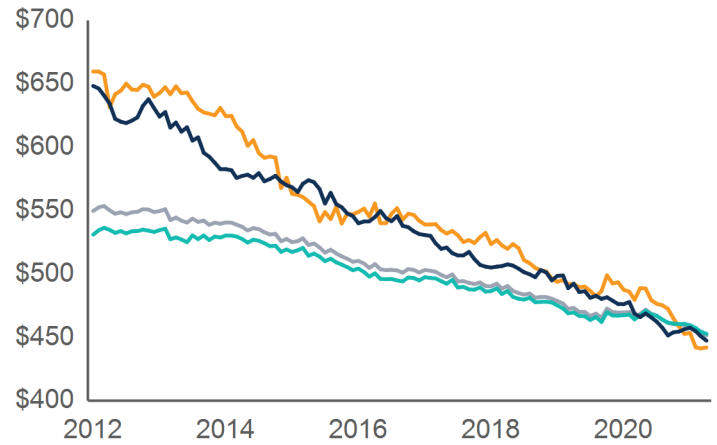
— Rural
 — Urban Area
 — Urban Cluster
 — National

Revenue Per Patient Day

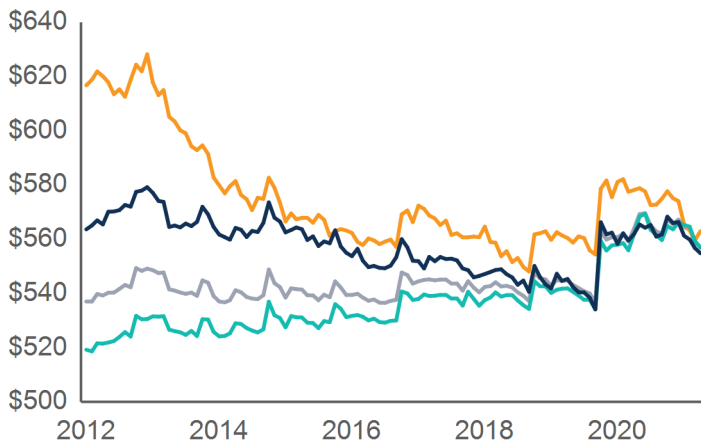
Medicaid



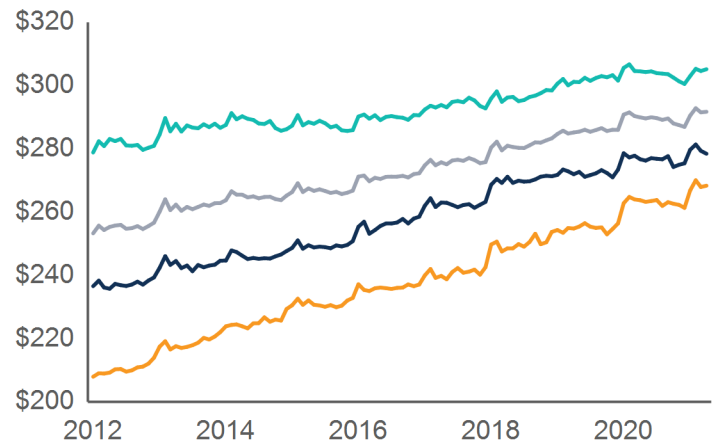
Managed Medicare



Medicare



Private

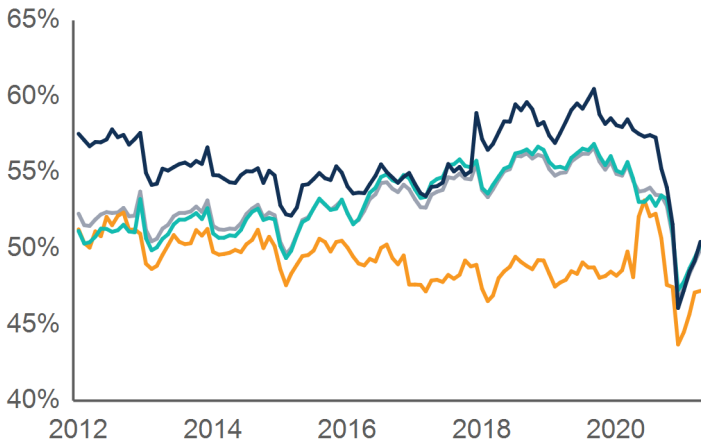


Urban and Rural Trends

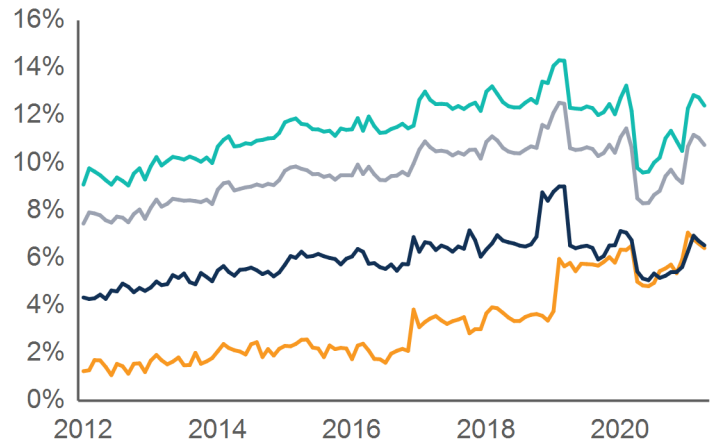
— Rural
 — Urban Area
 — Urban Cluster
 — National

Revenue Mix

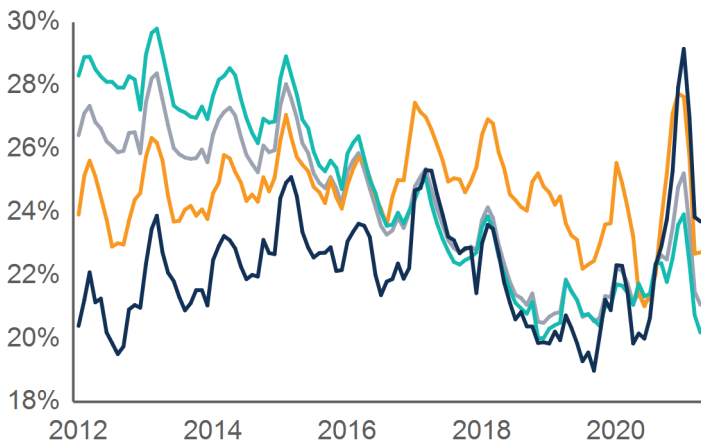
Medicaid



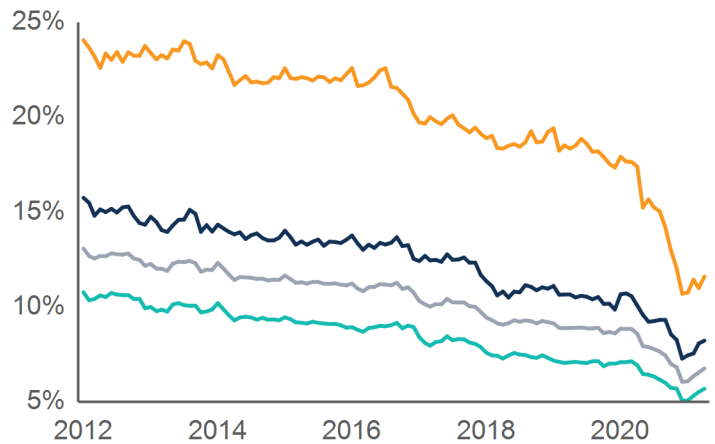
Managed Medicare



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.