

Average Cost & Utilization Data

Updated August 2020

The Return-on-Investment (ROI) Calculator for Partnerships to Address Social Determinants of Health is designed to help health care and community-based organizations plan sustainable arrangements to finance the delivery of social services that can improve the health of high-need, high-cost patients. To generate ROI scenarios and break-even analyses, the Calculator requires users to enter baseline medical utilization and costs, among other input data. If you do not have program data readily available, you can use the nationally representative data provided in these tables to derive relevant medical utilization and cost inputs needed by the Calculator.

Data Source and Methods. We conducted a retrospective cohort analysis of the 2015–2017 [Medical Expenditure Panel Survey \(MEPS\) Household Component](#). MEPS is representative of the noninstitutionalized civilian U.S. population; we focused our analysis on adults age 18 and older. Following an approach used in an [earlier Commonwealth Fund analysis](#), we defined the cohort of adults with three or more chronic conditions and a functional limitation as “high need,” and compared this cohort to the total adult population on health care utilization and health care spending patterns by sociodemographic characteristics. Functional limitations were defined as self-reported limitations in activities of daily living or instrumental activities of daily living. Twelve chronic conditions were identified from the MEPS self-reported priority condition variables including: angina, arthritis, asthma, cancer, coronary heart disease, diabetes, emphysema, other heart disease, high cholesterol, hypertension, obesity (BMI \geq 30), and a mental health composite indicative of depression. [Validation research](#) finds that MEPS household respondents accurately report inpatient hospital use but underreport emergency department and office-based visits.

MEPS data are displayed as follows:

Table 1a. Health Care Utilization for the U.S. High-Need Adult Population

Table 1b. Health Care Utilization for the U.S. General Adult Population

Table 2a. Health Care Spending Per Service for the U.S. High-Need Adult Population

Table 2b. Health Care Spending Per Service for the U.S. General Adult Population

Table 3a. Health Care Spending Per Person for the U.S. High-Need Adult Population

Table 3b. Health Care Spending Per Person for the U.S. General Adult Population

Because MEPS does not include people living in institutional settings, we derived data on utilization and cost of skilled nursing facility stays from the [Medicare Utilization and Payment](#) statistical tables published by the Centers for Medicare and Medicaid Services, displayed in Table 4. These data represent all SNF stays covered by Original Medicare; it was not possible to report on a high-need cohort using this source.

Table 1a. Health Care Utilization for the U.S. High-Need Adult Population

Data represent adults ages 18 and older who live in the community and have three or more chronic conditions and one or more functional limitation(s)

	All High-Need Adults	AGE			INSURANCE				RACE/ETHNICITY					INCOME			REGION			
		18-64	65-74	75+	Private Only	Medicaid	Medicare	Dual (Medicare + Medicaid)	White	Black	Hispanic	Asian	Other	< 200% FPL	200%-399% FPL	400%+ FPL	Northeast	Midwest	South	West
AVERAGE NUMBER PER YEAR																				
Emergency Department Visits																				
Per person	0.8	0.9	0.8	0.8	0.5	1.2	0.8	0.9	0.9	0.8	0.8	0.4	1.1	0.9	0.9	0.6	0.9	0.9	0.8	0.8
Per 1,000 persons	829	907	842	750	523	1,149	802	846	857	777	763	403	1,102	882	933	574	872	874	788	822
Hospital Inpatient Admissions																				
Per person	0.6	0.5	0.8	0.6	0.5	0.6	0.7	0.6	0.6	0.5	0.6	0.3	0.6	0.6	0.7	0.6	0.7	0.6	0.6	0.5
Per 1,000 persons	606	545	754	591	504	563	651	576	641	535	561	308	636	583	708	551	677	626	609	510
Hospital Inpatient Days																				
Per person	4.0	3.6	5.4	3.6	1.8	4.9	4.1	4.0	3.9	4.8	4.0	2.4	3.2	4.0	4.2	3.7	4.3	3.3	4.5	3.1
Per 1,000 persons	3,952	3,582	5,372	3,608	1,764	4,941	4,069	4,001	3,868	4,788	3,966	2,406	3,206	3,954	4,207	3,659	4,329	3,334	4,529	3,125
Average Hospital Length of Stay																				
Days per stay	6.5	6.6	7.1	6.1	3.5	8.8	6.3	6.9	6.0	8.9	7.1	7.8	5.0	6.8	5.9	6.6	6.4	5.3	7.4	6.1
Hospital Outpatient Department Visits																				
Per person	2.0	2.4	2.1	1.5	2.5	2.3	2.1	1.6	2.2	1.7	1.8	1.1	1.0	1.9	2.0	2.2	3.3	2.5	1.2	1.9
Per 1,000 persons	1,991	2,412	2,127	1,531	2,524	2,257	2,104	1,595	2,170	1,747	1,783	1,078	1,050	1,891	2,014	2,227	3,253	2,497	1,189	1,900
Paid Home Health Provider Days																				
Per person	39.0	26.1	41.5	50.0	2.5	31.8	25.2	81.8	33.9	49.4	58.8	44.1	26.0	48.1	28.4	27.3	63.6	34.4	33.9	32.3
Per 1,000 persons	39,041	26,056	41,550	49,981	2,508	31,755	25,152	81,784	33,914	49,375	58,757	44,123	26,041	48,107	28,357	27,342	63,649	34,397	33,869	32,326
Physician Office Visits																				
Per person	10.1	10.8	11.4	8.8	11.3	10.4	9.9	10.2	10.3	8.3	12.2	7.0	10.5	9.4	10.4	11.5	11.0	9.9	9.8	10.1
Per 1,000 persons	10,096	10,779	11,401	8,822	11,292	10,442	9,910	10,232	10,298	8,259	12,162	7,006	10,469	9,434	10,400	11,488	11,023	9,879	9,819	10,061
All Provider Office Visits																				
Per person	16.8	18.6	19.0	14.0	20.1	16.3	16.1	17.3	17.0	13.8	19.5	11.2	20.8	15.3	17.6	19.4	18.9	17.4	15.0	17.6
Per 1,000 persons	16,752	18,553	19,028	13,959	20,141	16,261	16,109	17,294	17,015	13,815	19,500	11,227	20,776	15,339	17,647	19,445	18,892	17,376	15,041	17,588

Source: Analysis of 2015-2017 Medical Expenditure Panel Survey (MEPS) Household Component conducted by Westat for the Commonwealth Fund. Data represent the U.S. noninstitutionalized civilian adult population ages 18 and older with three or more chronic conditions and one or more functional limitation(s).

Notes: MEPS measures inpatient discharges (labeled as inpatient admissions) and nights in the hospital for discharges (labeled as inpatient days). Inpatient data include "zero-night stays" with the same admission and discharge dates, which made up less than 2 percent of all inpatient stays. All Provider Office Visits includes Physician Office Visits. Per person values rounded to one decimal point. Per 1,000 values rounded to nearest integer. FPL = federal poverty level. For more information about MEPS, see: https://meps.ahrq.gov/mepsweb/survey_comp/household.jsp.

Table 1b. Health Care Utilization for the U.S. General Adult Population

Data represent adults ages 18 and older who live in the community

	All Adults	AGE			INSURANCE				RACE/ETHNICITY					INCOME			REGION			
		18-64	65-74	75+	Private Only	Medicaid	Medicare	Dual (Medicare + Medicaid)	White	Black	Hispanic	Asian	Other	< 200% FPL	200%-399% FPL	400%+ FPL	Northeast	Midwest	South	West
AVERAGE NUMBER PER YEAR																				
Emergency Department Visits																				
Per person	0.2	0.2	0.3	0.4	0.1	0.4	0.3	0.6	0.2	0.3	0.2	0.1	0.3	0.3	0.2	0.1	0.2	0.2	0.2	0.2
Per 1,000 persons	208	180	259	402	124	366	316	566	215	263	168	81	320	326	196	142	216	233	214	171
Hospital Inpatient Admissions																				
Per person	0.1	0.1	0.2	0.3	0.1	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Per 1,000 persons	103	71	193	286	52	134	224	325	116	106	68	50	121	151	97	78	109	112	111	80
Hospital Inpatient Days																				
Per person	0.5	0.3	1.0	1.5	0.2	0.7	1.1	2.0	0.5	0.6	0.3	0.2	0.6	0.8	0.5	0.3	0.6	0.5	0.6	0.3
Per 1,000 persons	491	311	968	1,538	165	739	1,134	2,029	527	649	324	206	557	834	459	298	585	473	555	334
Average Hospital Length of Stay																				
Days per stay	4.7	4.4	5.0	5.4	3.2	5.5	5.1	6.2	4.5	6.1	4.7	4.1	4.6	5.5	4.7	3.8	5.4	4.2	5.0	4.2
Hospital Outpatient Department Visits																				
Per person	0.6	0.4	1.2	1.2	0.4	0.6	1.3	1.3	0.7	0.5	0.3	0.3	0.7	0.7	0.5	0.6	0.9	0.9	0.4	0.4
Per 1,000 persons	594	435	1,213	1,229	375	594	1,298	1,307	722	467	267	295	714	664	529	592	852	869	409	449
Paid Home Health Provider Days																				
Per person	2.1	0.8	3.4	12.7	0.1	2.2	3.9	29.4	2.0	3.4	2.1	1.2	1.3	5.0	1.4	0.7	3.2	1.9	2.1	1.5
Per 1,000 persons	2,118	831	3,359	12,698	67	2,155	3,897	29,444	2,002	3,426	2,089	1,234	1,279	5,043	1,431	743	3,202	1,935	2,109	1,478
Physician Office Visits																				
Per person	3.5	2.7	6.4	7.4	2.6	3.1	6.9	7.7	4.0	2.9	2.5	2.2	3.2	3.6	3.2	3.6	3.8	3.4	3.5	3.3
Per 1,000 persons	3,497	2,663	6,367	7,409	2,555	3,084	6,881	7,703	3,978	2,914	2,547	2,234	3,218	3,592	3,203	3,630	3,806	3,377	3,528	3,323
All Provider Office Visits																				
Per person	6.4	5.1	11.1	12.0	5.0	5.5	11.8	12.9	7.6	4.5	4.1	3.8	6.1	6.2	5.7	6.9	7.4	6.8	5.7	6.4
Per 1,000 persons	6,385	5,091	11,147	12,001	5,009	5,514	11,845	12,855	7,554	4,531	4,143	3,772	6,130	6,188	5,720	6,941	7,367	6,753	5,676	6,442

Source: Analysis of 2015-2017 Medical Expenditure Panel Survey (MEPS) Household Component conducted by Westat for the Commonwealth Fund. Data represent the U.S. noninstitutionalized civilian adult population ages 18 and older.

Notes: MEPS measures inpatient discharges (labeled as inpatient admissions) and nights in the hospital for discharges (labeled as inpatient days). Inpatient data include "zero-night stays" with the same admission and discharge dates, which made up less than 2 percent of all inpatient stays. All Provider Office Visits includes Physician Office Visits. Per person values rounded to one decimal point. Per 1,000 values rounded to nearest integer. FPL = federal poverty level. For more information about MEPS, see: https://meps.ahrq.gov/mepsweb/survey_comp/household.jsp.

Table 2a. Health Care Spending Per Service for the U.S. High-Need Adult Population

Data represent adults ages 18 and older who live in the community and have three or more chronic conditions and one or more functional limitation(s)

	All High-Need Adults	AGE			INSURANCE				RACE/ETHNICITY					INCOME			REGION			
		18-64	65-74	75+	Private Only	Medicaid	Medicare	Dual (Medicare + Medicaid)	White	Black	Hispanic	Asian	Other	< 200% FPL	200%-399% FPL	400%+ FPL	Northeast	Midwest	South	West
AVERAGE SPENDING PER SERVICE																				
Emergency Department Visit	\$745	\$780	\$757	\$700	\$1,375	\$705	\$727	\$679	\$744	\$688	\$788	\$1,291	\$676	\$736	\$742	\$790	\$694	\$705	\$712	\$912
Hospital Inpatient Stay	\$14,056	\$16,926	\$13,670	\$11,818	\$22,877	\$14,989	\$12,944	\$13,719	\$12,892	\$16,011	\$15,978	\$24,390	\$19,802	\$12,912	\$14,267	\$16,922	\$12,044	\$11,259	\$15,070	\$17,982
Hospital Inpatient Day	\$2,155	\$2,575	\$1,919	\$1,935	\$6,540	\$1,707	\$2,071	\$1,975	\$2,137	\$1,790	\$2,258	\$3,118	\$3,931	\$1,903	\$2,401	\$2,548	\$1,884	\$2,113	\$2,027	\$2,935
Hospital Outpatient Department Visit	\$731	\$984	\$539	\$488	\$1,311	\$817	\$643	\$606	\$691	\$672	\$830	\$2,476	\$631	\$771	\$739	\$631	\$806	\$657	\$985	\$396
Paid Home Health Day	\$130	\$102	\$120	\$148	\$120	\$108	\$145	\$125	\$145	\$107	\$107	\$154	\$84	\$131	\$122	\$134	\$163	\$127	\$104	\$131
Physician Office Visit	\$286	\$312	\$272	\$263	\$358	\$211	\$314	\$243	\$294	\$272	\$278	\$178	\$273	\$251	\$298	\$348	\$271	\$324	\$279	\$270
Provider Office Visit	\$252	\$263	\$256	\$237	\$290	\$200	\$267	\$239	\$256	\$249	\$258	\$160	\$232	\$232	\$255	\$291	\$245	\$274	\$249	\$241

Source: Analysis of 2015-2017 Medical Expenditure Panel Survey (MEPS) Household Component conducted by Westat for the Commonwealth Fund. Data represent the U.S. noninstitutionalized civilian adult population ages 18 and older with three or more chronic conditions and one or more functional limitation(s).

Notes: Hospital Inpatient and Outpatient includes facility and associated physician spending. Provider Office Visits includes Physician Office Visits. Values rounded to nearest dollar amount. FPL = federal poverty level. For more information about MEPS, see: https://meps.ahrq.gov/mepsweb/survey_comp/household.jsp.

Table 2b. Health Care Spending Per Service for the U.S. General Adult Population

Data represent adults ages 18 and older who live in the community

	AGE				INSURANCE				RACE/ETHNICITY					INCOME			REGION			
	All Adults	18-64	65-74	75+	Private Only	Medicaid	Medicare	Dual (Medicare + Medicaid)	White	Black	Hispanic	Asian	Other	< 200% FPL	200%-399% FPL	400% + FPL	Northeast	Midwest	South	West
AVERAGE SPENDING PER SERVICE																				
Emergency Department Visit	\$1,095	\$1,230	\$844	\$740	\$1,792	\$666	\$807	\$707	\$1,138	\$955	\$1,063	\$1,353	\$900	\$797	\$1,113	\$1,499	\$1,022	\$982	\$1,145	\$1,201
Hospital Inpatient Stay	\$14,391	\$15,226	\$14,522	\$12,273	\$18,873	\$10,294	\$13,652	\$13,030	\$14,377	\$14,119	\$13,653	\$18,150	\$14,767	\$11,854	\$15,169	\$16,843	\$15,542	\$13,282	\$13,254	\$17,089
Hospital Inpatient Day	\$3,033	\$3,481	\$2,901	\$2,282	\$5,882	\$1,870	\$2,695	\$2,087	\$3,168	\$2,297	\$2,877	\$4,401	\$3,209	\$2,152	\$3,212	\$4,391	\$2,884	\$3,149	\$2,650	\$4,093
Hospital Outpatient Department Visit	\$900	\$1,083	\$667	\$605	\$1,324	\$641	\$649	\$678	\$909	\$835	\$922	\$888	\$854	\$701	\$886	\$1,048	\$902	\$791	\$1,036	\$887
Paid Home Health Day	\$144	\$131	\$133	\$157	\$159	\$113	\$175	\$130	\$159	\$121	\$113	\$169	\$128	\$144	\$149	\$140	\$171	\$139	\$126	\$148
Physician Office Visit	\$271	\$286	\$249	\$249	\$309	\$212	\$260	\$223	\$275	\$259	\$256	\$264	\$296	\$231	\$265	\$300	\$271	\$282	\$267	\$270
Provider Office Visit	\$228	\$233	\$216	\$222	\$244	\$189	\$223	\$214	\$225	\$237	\$234	\$239	\$240	\$206	\$225	\$241	\$222	\$224	\$235	\$227

Source: Analysis of 2015-2017 Medical Expenditure Panel Survey (MEPS) Household Component conducted by Westat for the Commonwealth Fund. Data represent the U.S. noninstitutionalized civilian adult population ages 18 and older.

Notes: Hospital Inpatient and Outpatient includes facility and associated physician spending. Provider Office Visits includes Physician Office Visits. Values rounded to nearest dollar amount. FPL = federal poverty level. For more information about MEPS, see: https://meps.ahrq.gov/mepsweb/survey_comp/household.jsp.

Table 3a. Health Care Spending Per Person for the U.S. High-Need Adult Population

Data represent adults ages 18 and older who live in the community and have three or more chronic conditions and one or more functional limitation(s)

	All High-Need Adults	AGE			INSURANCE				RACE/ETHNICITY					INCOME			REGION			
		18-64	65-74	75+	Private Only	Medicaid	Medicare	Dual (Medicare + Medicaid)	White	Black	Hispanic	Asian	Other	< 200% FPL	200%-399% FPL	400%+ FPL	Northeast	Midwest	South	West
AVERAGE ANNUAL SPENDING PER PERSON																				
Total (All Services)	\$26,774	\$28,569	\$28,969	\$24,027	\$28,753	\$24,857	\$24,511	\$32,241	\$26,724	\$25,241	\$29,271	\$25,226	\$27,984	\$26,848	\$26,247	\$27,174	\$35,821	\$25,206	\$24,028	\$25,893
Emergency Department Visits	\$618	\$708	\$637	\$525	\$719	\$810	\$583	\$574	\$637	\$535	\$601	\$520	\$745	\$649	\$692	\$454	\$605	\$616	\$561	\$750
Hospital Inpatient Stays	\$8,516	\$9,224	\$10,307	\$6,982	\$11,534	\$8,434	\$8,425	\$7,904	\$8,266	\$8,571	\$8,957	\$7,501	\$12,602	\$7,525	\$10,102	\$9,323	\$8,158	\$7,044	\$9,178	\$9,174
Hospital Outpatient Visits	\$1,455	\$2,372	\$1,147	\$747	\$3,308	\$1,843	\$1,352	\$967	\$1,501	\$1,174	\$1,480	\$2,669	\$662	\$1,459	\$1,489	\$1,406	\$2,621	\$1,640	\$1,171	\$751
Paid Home Health Care	\$5,080	\$2,662	\$4,980	\$7,392	\$301	\$3,430	\$3,656	\$10,245	\$4,909	\$5,282	\$6,284	\$6,815	\$2,199	\$6,312	\$3,471	\$3,668	\$10,388	\$4,370	\$3,521	\$4,215
Physician Office Visits	\$2,884	\$3,368	\$3,102	\$2,324	\$4,042	\$2,206	\$3,110	\$2,489	\$3,024	\$2,249	\$3,375	\$1,248	\$2,858	\$2,366	\$3,104	\$3,993	\$2,989	\$3,199	\$2,743	\$2,714
All Provider Office Visits	\$4,228	\$4,875	\$4,862	\$3,315	\$5,843	\$3,253	\$4,294	\$4,140	\$4,357	\$3,438	\$5,034	\$1,796	\$4,820	\$3,566	\$4,504	\$5,655	\$4,621	\$4,768	\$3,747	\$4,238
Prescription Drugs	\$6,141	\$8,185	\$6,285	\$4,160	\$6,298	\$6,683	\$5,252	\$7,886	\$6,204	\$5,751	\$6,354	\$5,622	\$6,437	\$6,740	\$5,216	\$5,617	\$8,635	\$5,915	\$5,233	\$5,974
Medical Equipment & Supplies	\$398	\$207	\$392	\$578	\$144	\$173	\$557	\$297	\$469	\$301	\$236	\$51	\$260	\$339	\$423	\$523	\$396	\$524	\$338	\$375

Source: Analysis of 2015-2017 Medical Expenditure Panel Survey (MEPS) Household Component conducted by Westat for the Commonwealth Fund. Data represent the U.S. noninstitutionalized civilian adult population ages 18 and older with three or more chronic conditions and one or more functional limitation(s).

Notes: Total includes spending on all services shown plus other services not shown. Hospital Inpatient and Outpatient includes facility and associated physician spending. Provider Office Visits includes Physician Office Visits. Medical supplies excludes diabetes supplies. Values rounded to nearest dollar amount. FPL = federal poverty level. For more information about MEPS, see: https://meps.ahrq.gov/mepsweb/survey_comp/household.jsp.

Table 3b. Health Care Spending Per Person for the U.S. General Adult Population

Data represent adults ages 18 and older who live in the community

	All Adults	AGE			INSURANCE				RACE/ETHNICITY					INCOME			REGION			
		18-64	65-74	75+	Private Only	Medicaid	Medicare	Dual (Medicare + Medicaid)	White	Black	Hispanic	Asian	Other	< 200% FPL	200%-399% FPL	400%+ FPL	Northeast	Midwest	South	West
AVERAGE ANNUAL SPENDING PER PERSON																				
Total (All Services)	\$5,941	\$4,597	\$10,236	\$12,712	\$4,340	\$4,813	\$11,078	\$18,242	\$6,869	\$5,231	\$3,643	\$3,434	\$6,359	\$6,660	\$5,333	\$5,890	\$6,997	\$6,237	\$5,611	\$5,409
Emergency Department Visits	\$228	\$222	\$219	\$297	\$222	\$243	\$255	\$400	\$244	\$251	\$179	\$109	\$288	\$260	\$219	\$213	\$221	\$229	\$245	\$205
Hospital Inpatient Stays	\$1,489	\$1,082	\$2,807	\$3,509	\$973	\$1,382	\$3,056	\$4,235	\$1,669	\$1,491	\$933	\$906	\$1,787	\$1,796	\$1,475	\$1,307	\$1,687	\$1,489	\$1,472	\$1,366
Hospital Outpatient Visits	\$534	\$472	\$809	\$744	\$496	\$381	\$843	\$886	\$656	\$390	\$246	\$262	\$610	\$466	\$469	\$620	\$768	\$687	\$424	\$398
Paid Home Health Care	\$306	\$109	\$447	\$1,995	\$11	\$243	\$681	\$3,840	\$318	\$416	\$237	\$208	\$163	\$726	\$214	\$104	\$549	\$269	\$266	\$218
Physician Office Visits	\$949	\$760	\$1,587	\$1,844	\$790	\$653	\$1,786	\$1,715	\$1,093	\$756	\$653	\$590	\$951	\$828	\$849	\$1,089	\$1,031	\$952	\$940	\$897
All Provider Office Visits	\$1,453	\$1,185	\$2,407	\$2,662	\$1,222	\$1,041	\$2,647	\$2,753	\$1,697	\$1,075	\$968	\$900	\$1,469	\$1,276	\$1,286	\$1,673	\$1,632	\$1,509	\$1,332	\$1,460
Prescription Drugs	\$1,488	\$1,153	\$2,888	\$2,709	\$985	\$1,270	\$2,855	\$5,712	\$1,755	\$1,318	\$817	\$689	\$1,681	\$1,842	\$1,284	\$1,400	\$1,670	\$1,604	\$1,490	\$1,246
Medical Equipment & Supplies	\$73	\$41	\$126	\$308	\$34	\$49	\$204	\$190	\$94	\$47	\$25	\$27	\$74	\$80	\$65	\$74	\$76	\$83	\$67	\$71

Source: Analysis of 2015-2017 Medical Expenditure Panel Survey (MEPS) Household Component conducted by Westat for the Commonwealth Fund. Data represent the U.S. noninstitutionalized civilian adult population ages 18 and older.

Notes: Total includes spending on all services shown plus other services not shown. Hospital Inpatient and Outpatient includes facility and associated physician spending. Provider Office Visits includes Physician Office Visits. Medical supplies excludes diabetes supplies. Values rounded to nearest dollar amount. FPL = federal poverty level. For more information about MEPS, see: https://meps.ahrq.gov/mepsweb/survey_comp/household.jsp.

Table 4. Utilization and Payment for Skilled Nursing Facility Care

Data represent Original (fee-for-service) Medicare Part A enrollees

	Total	AGE		DUAL MEDICARE + MEDICAID ENROLLMENT STATUS		RACE/ETHNICITY					
		Under 65 Years	65 Years and Over	Non-Dual	Dual	White (Non-Hispanic)	Black (or African American)	Hispanic	Asian/Pacific Islander	American Indian/Alaska Native	Other
AVERAGE PER YEAR											
Covered SNF Admissions Per 1,000 Original Medicare Part A Enrollees	64.8	38.5	70.1	49.0	139.0	67.6	73.9	45.5	37.1	57.5	38.4
Covered Days of SNF Care Per Covered SNF Admission (Length of Stay)	25.7	25.5	25.7	23.5	29.3	25.3	27.8	27.7	27.7	25.2	25.7
Covered Days of SNF Care Per 1,000 Original Medicare Part A Enrollees	1,665	984	1,803	1,151	4,078	1,708	2,055	1,261	1,027	1,447	987
Medicare Payments Per Covered SNF Admission	\$11,450	\$10,941	\$11,506	\$10,931	\$12,308	\$11,227	\$11,946	\$12,933	\$14,405	\$12,285	\$12,391
Medicare Payments Per Covered SNF Day	\$446	\$428	\$447	\$465	\$419	\$444	\$430	\$467	\$520	\$488	\$482

Source: Centers for Medicare and Medicaid Services, Medicare Skilled Nursing Facilities: Utilization, Program Payments, and Cost Sharing for Original Medicare Beneficiaries, by Demographic Characteristics and Medicare-Medicaid Enrollment Status, Calendar Year 2016 (Table MDCR SNF2).

Note: SNF = skilled nursing facility.