

Table 40

**Covered Persons, Covered Admissions, Covered Days of Care, Covered Charges, Coinsurance and Program Payments for
Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Type of Entitlement and Covered Days of Care:**

Calendar Year 2003

Type of Entitlement and Covered Days of Care	Persons ¹	Covered Admissions ²	Covered Days of Care			Covered Charges			
			Number	Per Admission	Per Person	Amount in Thousands	Per Admission	Per Person	Per Day
All Beneficiaries									
Total	1,622,204	2,336,359	59,239,925	25.4	36.5	\$25,738,362	\$11,016	\$15,866	\$434
1-8 Days	429,302	603,062	2,915,802	4.8	6.8	2,122,569	3,520	4,944	728
9-20 Days	526,934	734,246	10,361,364	14.1	19.7	5,875,261	8,002	11,150	567
21-40 Days	361,647	541,661	15,600,487	28.8	43.1	6,838,622	12,625	18,910	438
41-60 Days	145,617	227,893	11,272,070	49.5	77.4	4,301,359	18,874	29,539	382
61-80 Days	64,250	106,231	7,381,448	69.5	114.9	2,653,319	24,977	41,297	359
81 Days or More	94,454	123,266	11,708,754	95.0	124.0	3,947,232	32,022	41,790	337
Aged									
Total	1,520,048	2,183,487	55,370,354	25.4	36.4	23,908,324	10,950	15,729	432
1-8 Days	399,429	559,566	2,710,613	4.8	6.8	1,957,772	3,499	4,901	722
9-20 Days	494,485	686,898	9,691,902	14.1	19.6	5,468,130	7,961	11,058	564
21-40 Days	341,747	510,019	14,687,361	28.8	43.0	6,395,467	12,540	18,714	435
41-60 Days	137,139	214,054	10,588,277	49.5	77.2	4,013,760	18,751	29,268	379
61-80 Days	60,222	99,231	6,893,833	69.5	114.5	2,461,796	24,809	40,879	357
81 Days or More	87,026	113,719	10,798,368	95.0	124.1	3,611,398	31,757	41,498	334
Disabled									
Total	102,156	152,872	3,869,571	25.3	37.9	1,830,038	11,971	17,914	473
1-8 Days	29,873	43,496	205,189	4.7	6.9	164,798	3,789	5,517	803
9-20 Days	32,449	47,348	669,462	14.1	20.6	407,131	8,599	12,547	608
21-40 Days	19,900	31,642	913,126	28.9	45.9	443,155	14,005	22,269	485
41-60 Days	8,478	13,839	683,793	49.4	80.7	287,598	20,782	33,923	421
61-80 Days	4,028	7,000	487,615	69.7	121.1	191,522	27,360	47,548	393
81 Days or More	7,428	9,547	910,386	95.4	122.6	335,834	35,177	45,212	369

See footnotes at end of table.

Table 40—Continued

**Covered Persons, Covered Admissions, Covered Days of Care, Covered Charges, Coinsurance and Program Payments for
Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Type of Entitlement and Covered Days of Care:
Calendar Year 2003**

Type of Entitlement and Covered Days of Care	Coinsurance Payments				Program Payments			
	Amount in Thousands	Per Admission	Per Person	Per Day	Amount in Thousands	Per Admission ³	Per Person	Per Day
All Beneficiaries								
Total	\$3,474,814	\$1,487	\$2,142	\$59	\$15,171,550	\$6,496	\$9,352	\$256
1-8 Days	44,447	74	104	15	875,367	1,452	2,039	300
9-20 Days	199,705	272	379	19	3,086,375	4,205	5,857	298
21-40 Days	782,355	1,444	2,163	50	4,181,728	7,722	11,563	268
41-60 Days	832,789	3,654	5,719	74	2,744,291	12,043	18,846	243
61-80 Days	617,398	5,812	9,609	84	1,702,992	16,032	26,506	231
81 Days or More	998,120	8,097	10,567	85	2,580,797	20,938	27,323	220
Aged								
Total	3,236,455	1,482	2,129	58	14,243,382	6,525	9,370	257
1-8 Days	40,804	73	102	15	818,362	1,463	2,049	302
9-20 Days	184,652	269	373	19	2,900,356	4,224	5,865	299
21-40 Days	733,105	1,437	2,145	50	3,954,960	7,757	11,573	269
41-60 Days	781,269	3,650	5,697	74	2,587,595	12,090	18,868	244
61-80 Days	576,125	5,806	9,567	84	1,596,146	16,087	26,504	232
81 Days or More	920,500	8,095	10,577	85	2,385,962	20,982	27,417	221
Disabled								
Total	238,360	1,559	2,333	62	928,169	6,074	9,086	240
1-8 Days	3,643	84	122	18	57,005	1,311	1,908	278
9-20 Days	15,054	318	464	22	186,019	3,931	5,733	278
21-40 Days	49,249	1,556	2,475	54	226,768	7,170	11,395	248
41-60 Days	51,520	3,723	6,077	75	156,696	11,324	18,483	229
61-80 Days	41,273	5,896	10,247	85	106,847	15,264	26,526	219
81 Days or More	77,620	8,130	10,450	85	194,834	20,408	26,230	214

¹Number of beneficiaries receiving Medicare skilled nursing facility covered services.

²Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

³The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

NOTE: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.