

Table 6.5

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 2008

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	1,736,557	2,561,073	69,156,958	27.0	39.8	\$34,940,505	\$13,643	\$20,121	\$505
1-8 Days	400,524	588,561	2,774,697	4.7	6.9	2,331,958	3,962	5,822	840
9-20 Days	539,417	771,166	11,054,452	14.3	20.5	6,990,081	9,064	12,959	632
21-40 Days	425,074	644,497	18,680,644	29.0	43.9	9,509,286	14,755	22,371	509
41-60 Days	181,186	283,454	14,022,808	49.5	77.4	6,452,295	22,763	35,611	460
61-80 Days	80,407	130,364	9,049,073	69.4	112.5	3,973,995	30,484	49,423	439
81 Days or More	109,949	143,031	13,575,284	94.9	123.5	5,682,890	39,732	51,687	419
Aged									
Total	1,601,214	2,352,085	63,554,472	27.0	39.7	32,049,074	13,626	20,015	504
1-8 Days	366,086	535,169	2,529,808	4.7	6.9	2,119,163	3,960	5,789	838
9-20 Days	496,626	707,173	10,131,287	14.3	20.4	6,407,068	9,060	12,901	632
21-40 Days	396,509	598,304	17,339,698	29.0	43.7	8,804,221	14,715	22,204	508
41-60 Days	168,423	262,365	12,978,283	49.5	77.1	5,961,360	22,722	35,395	459
61-80 Days	74,244	119,841	8,316,738	69.4	112.0	3,642,574	30,395	49,062	438
81 Days or More	99,326	129,233	12,258,658	94.9	123.4	5,114,687	39,577	51,494	417
Disabled									
Total	135,343	208,988	5,602,486	26.8	41.4	2,891,432	13,835	21,364	516
1-8 Days	34,438	53,392	244,889	4.6	7.1	212,795	3,986	6,179	869
9-20 Days	42,791	63,993	923,165	14.4	21.6	583,013	9,111	13,625	632
21-40 Days	28,565	46,193	1,340,946	29.0	46.9	705,065	15,263	24,683	526
41-60 Days	12,763	21,089	1,044,525	49.5	81.8	490,935	23,279	38,465	470
61-80 Days	6,163	10,523	732,335	69.6	118.8	331,421	31,495	53,776	453
81 Days or More	10,623	13,798	1,316,626	95.4	123.9	568,202	41,180	53,488	432

See footnotes at end of table.

Table 6.5—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 2008

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	\$5,109,354	\$1,995	\$2,942	\$74	\$24,329,013	\$9,508	\$14,010	\$352
1-8 Days	63,631	108	159	23	1,181,965	2,011	2,951	426
9-20 Days	286,578	372	531	26	4,627,144	6,006	8,578	419
21-40 Days	1,168,744	1,813	2,750	63	6,971,343	10,824	16,400	373
41-60 Days	1,263,928	4,459	6,976	90	4,695,749	16,573	25,917	335
61-80 Days	918,680	7,047	11,425	102	2,835,584	21,759	35,265	313
81 Days or More	1,407,793	9,843	12,804	104	4,017,229	28,093	36,537	296
Aged								
Total	4,677,050	1,988	2,921	74	22,447,828	9,552	14,019	353
1-8 Days	57,130	107	156	23	1,085,455	2,031	2,965	429
9-20 Days	259,342	367	522	26	4,262,678	6,033	8,583	421
21-40 Days	1,078,854	1,803	2,721	62	6,493,453	10,860	16,377	374
41-60 Days	1,167,342	4,449	6,931	90	4,359,563	16,623	25,885	336
61-80 Days	843,270	7,037	11,358	101	2,611,883	21,803	35,180	314
81 Days or More	1,271,113	9,836	12,797	104	3,634,797	28,132	36,595	297
Disabled								
Total	432,304	2,069	3,194	77	1,881,185	9,011	13,899	336
1-8 Days	6,501	122	189	27	96,510	1,811	2,802	394
9-20 Days	27,236	426	636	30	364,466	5,702	8,517	395
21-40 Days	89,890	1,946	3,147	67	477,890	10,355	16,730	356
41-60 Days	96,586	4,580	7,568	92	336,186	15,953	26,341	322
61-80 Days	75,410	7,166	12,236	103	223,700	21,266	36,297	305
81 Days or More	136,680	9,906	12,866	104	382,433	27,729	36,000	290

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.