

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 2007

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	1,725,672	2,533,016	67,663,006	26.7	39.2	\$32,846,115	\$12,967	\$19,034	\$485
1-8 Days	411,107	598,047	2,837,002	4.7	6.9	2,306,116	3,856	5,610	813
9-20 Days	538,109	765,780	10,934,198	14.3	20.3	6,736,072	8,796	12,518	616
21-40 Days	414,927	627,794	18,181,905	29.0	43.8	8,925,443	14,217	21,511	491
41-60 Days	175,098	273,940	13,553,843	49.5	77.4	5,970,327	21,794	34,097	440
61-80 Days	78,066	126,477	8,779,137	69.4	112.5	3,651,046	28,867	46,769	416
81 Days or More	108,365	140,978	13,376,921	94.9	123.4	5,257,111	37,290	48,513	393
Aged									
Total	1,594,900	2,332,108	62,330,000	26.7	39.1	30,193,569	12,947	18,931	484
1-8 Days	376,700	545,457	2,594,116	4.8	6.9	2,100,372	3,851	5,576	810
9-20 Days	497,154	704,506	10,055,512	14.3	20.2	6,194,399	8,793	12,460	616
21-40 Days	387,591	583,893	16,908,335	29.0	43.6	8,280,536	14,182	21,364	490
41-60 Days	162,968	253,874	12,560,188	49.5	77.1	5,516,021	21,727	33,847	439
61-80 Days	72,261	116,541	8,087,142	69.4	111.9	3,356,284	28,799	46,447	415
81 Days or More	98,226	127,837	12,124,707	94.8	123.4	4,745,958	37,125	48,317	391
Disabled									
Total	130,772	200,908	5,333,006	26.5	40.8	2,652,546	13,203	20,284	497
1-8 Days	34,407	52,590	242,886	4.6	7.1	205,744	3,912	5,980	847
9-20 Days	40,955	61,274	878,686	14.3	21.5	541,674	8,840	13,226	616
21-40 Days	27,336	43,901	1,273,570	29.0	46.6	644,908	14,690	23,592	506
41-60 Days	12,130	20,066	993,655	49.5	81.9	454,305	22,641	37,453	457
61-80 Days	5,805	9,936	691,995	69.6	119.2	294,762	29,666	50,777	426
81 Days or More	10,139	13,141	1,252,214	95.3	123.5	511,153	38,898	50,415	408

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 2007**

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	\$4,817,578	\$1,902	\$2,792	\$71	\$22,189,390	\$8,766	\$12,858	\$328
1-8 Days	60,725	102	148	21	1,141,354	1,910	2,776	402
9-20 Days	271,557	355	505	25	4,290,725	5,607	7,974	392
21-40 Days	1,098,733	1,750	2,648	60	6,322,876	10,077	15,239	348
41-60 Days	1,182,518	4,317	6,753	87	4,214,078	15,388	24,067	311
61-80 Days	862,478	6,819	11,048	98	2,549,910	20,164	32,664	290
81 Days or More	1,341,566	9,516	12,380	100	3,670,446	26,037	33,871	274
Aged								
Total	4,420,612	1,896	2,772	71	20,524,183	8,806	12,869	329
1-8 Days	54,722	100	145	21	1,051,240	1,929	2,791	405
9-20 Days	246,673	350	496	25	3,966,374	5,634	7,978	394
21-40 Days	1,016,460	1,741	2,623	60	5,901,896	10,113	15,227	349
41-60 Days	1,093,457	4,307	6,710	87	3,916,452	15,431	24,032	312
61-80 Days	793,525	6,809	10,981	98	2,356,824	20,225	32,615	291
81 Days or More	1,215,777	9,510	12,377	100	3,331,396	26,061	33,916	275
Disabled								
Total	396,966	1,976	3,036	74	1,665,207	8,296	12,734	312
1-8 Days	6,003	114	174	25	90,114	1,716	2,619	371
9-20 Days	24,885	406	608	28	324,351	5,299	7,920	369
21-40 Days	82,274	1,874	3,010	65	420,980	9,597	15,400	331
41-60 Days	89,061	4,438	7,342	90	297,626	14,839	24,536	300
61-80 Days	68,953	6,940	11,878	100	193,086	19,441	33,262	279
81 Days or More	125,790	9,572	12,407	100	339,050	25,801	33,440	271

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.