

Table 6.2
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services
Used by Medicare Beneficiaries, by Demographic Characteristics, Type of Entitlement, and Discharge Status:
Calendar Year 2007

Demographic Characteristic, Type of Entitlement, and Discharge Status	Covered Admissions ¹		Covered Days of Care			Covered Charges			Program Payments			
	Number	Per 1,000 HI Enrollees ²	Total in Thousands	Per 1,000 HI Enrollees ²	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Percent of Covered Charges	Per Admission ³	Per Day
Total	2,533,016	72	67,663	1,925	27	\$32,846,115	\$12,967	485	\$22,189,390	68	8,766	328
Age												
Under 65 Years	193,122	31	5,132	812	27	2,551,686	13,213	497	1,602,838	63	8,307	312
65-69 Years	226,007	27	5,622	670	25	2,863,546	12,670	509	1,817,559	63	8,048	323
70-74 Years	252,262	39	6,194	955	25	3,218,590	12,759	520	2,064,833	64	8,190	333
75-79 Years	389,795	71	9,924	1,808	26	5,021,719	12,883	506	3,304,636	66	8,483	333
80-84 Years	535,433	124	14,303	3,303	27	6,994,624	13,063	489	4,744,913	68	8,867	332
85 Years or Over	936,397	227	26,488	6,421	28	12,195,950	13,024	460	8,654,611	71	9,247	327
Sex												
Male	910,169	58	23,216	1,473	26	11,499,364	12,634	495	7,675,927	67	8,439	331
Female	1,622,847	84	44,447	2,294	27	21,346,751	13,154	480	14,513,464	68	8,949	327
Race⁴												
White	2,179,518	74	57,546	1,942	26	28,065,709	12,877	488	18,950,827	68	8,700	329
Other	347,126	64	9,947	1,825	29	4,698,211	13,535	472	3,182,983	68	9,177	320
Type of Entitlement												
Aged ⁵	2,332,108	81	62,330	2,162	27	30,193,569	12,947	484	20,524,183	68	8,806	329
Disabled ⁶	200,908	32	5,333	844	27	2,652,546	13,203	497	1,665,207	63	8,296	312
Discharge Status												
Alive	2,419,135		65,511		27	31,860,125	13,170	486	21,501,914	67	8,894	328
Dead	113,881	---	2,152	---	19	985,989	8,658	458	687,477	70	6,040	319

¹Includes skilled nursing care admissions with at least 1 day of covered care under Medicare.

²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates.

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

⁴Excludes unknown race.

⁵Includes aged persons with end stage renal disease (ESRD).

⁶Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding.

--- is not available.

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.