

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 2011

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	1,761,988	2,573,854	69,907,104	27.2	39.7	\$41,230,541	\$16,019	\$23,400	\$590
1-8 Days	370,457	546,043	2,588,272	4.7	7.0	2,466,840	4,518	6,659	953
9-20 Days	551,727	781,503	11,316,619	14.5	20.5	8,076,849	10,335	14,639	714
21-40 Days	460,698	687,421	19,923,808	29.0	43.2	11,804,265	17,172	25,623	592
41-60 Days	195,664	299,508	14,780,998	49.4	75.5	8,040,547	26,846	41,094	544
61-80 Days	82,031	128,716	8,932,030	69.4	108.9	4,658,627	36,193	56,791	522
81 Days or More	101,411	130,663	12,365,377	94.6	121.9	6,183,412	47,323	60,974	500
Aged									
Total	1,602,596	2,327,688	63,325,539	27.2	39.5	37,294,974	16,022	23,272	589
1-8 Days	333,001	487,118	2,315,459	4.8	7.0	2,204,170	4,525	6,619	952
9-20 Days	499,667	703,904	10,187,574	14.5	20.4	7,285,649	10,350	14,581	715
21-40 Days	425,211	630,421	18,273,339	29.0	43.0	10,808,353	17,145	25,419	591
41-60 Days	180,269	274,084	13,525,047	49.3	75.0	7,343,739	26,794	40,738	543
61-80 Days	74,613	116,370	8,073,915	69.4	108.2	4,208,317	36,163	56,402	521
81 Days or More	89,835	115,791	10,950,205	94.6	121.9	5,444,746	47,022	60,608	497
Disabled									
Total	159,392	246,166	6,581,565	26.7	41.3	3,935,567	15,987	24,691	598
1-8 Days	37,456	58,925	272,813	4.6	7.3	262,670	4,458	7,013	963
9-20 Days	52,060	77,599	1,129,045	14.5	21.7	791,199	10,196	15,198	701
21-40 Days	35,487	57,000	1,650,469	29.0	46.5	995,912	17,472	28,064	603
41-60 Days	15,395	25,424	1,255,951	49.4	81.6	696,808	27,408	45,262	555
61-80 Days	7,418	12,346	858,115	69.5	115.7	450,310	36,474	60,705	525
81 Days or More	11,576	14,872	1,415,172	95.2	122.3	738,666	49,668	63,810	522

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 2011

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	\$5,612,670	\$2,181	\$3,185	\$80	\$30,101,764	\$11,707	\$17,084	\$431
1-8 Days	68,356	125	185	26	1,221,013	2,240	3,296	472
9-20 Days	317,807	407	576	28	5,548,643	7,108	10,057	490
21-40 Days	1,362,281	1,982	2,957	68	8,939,711	13,015	19,405	449
41-60 Days	1,459,893	4,874	7,461	99	6,148,274	20,536	31,423	416
61-80 Days	994,020	7,723	12,118	111	3,543,552	27,540	43,198	397
81 Days or More	1,410,313	10,794	13,907	114	4,700,571	35,982	46,352	380
Aged								
Total	5,060,763	2,174	3,158	80	27,365,256	11,768	17,076	432
1-8 Days	59,835	123	180	26	1,104,318	2,271	3,316	477
9-20 Days	281,755	400	564	28	5,023,875	7,145	10,054	493
21-40 Days	1,241,193	1,969	2,919	68	8,225,737	13,058	19,345	450
41-60 Days	1,332,194	4,861	7,390	98	5,640,804	20,588	31,291	417
61-80 Days	897,090	7,709	12,023	111	3,209,986	27,595	43,022	398
81 Days or More	1,248,696	10,784	13,900	114	4,160,535	35,940	46,313	380
Disabled								
Total	551,907	2,242	3,463	84	2,736,508	11,130	17,168	416
1-8 Days	8,521	145	227	31	116,695	1,985	3,116	428
9-20 Days	36,052	465	693	32	524,768	6,770	10,080	465
21-40 Days	121,088	2,124	3,412	73	713,974	12,535	20,119	433
41-60 Days	127,699	5,023	8,295	102	507,470	19,971	32,963	404
61-80 Days	96,930	7,851	13,067	113	333,566	27,023	44,967	389
81 Days or More	161,617	10,867	13,961	114	540,036	36,312	46,651	382

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 MEDPAR files: Medicare Provider Analysis and Review; data development by the Office of Information Products and Data Analytics.