

**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 2009**

Type of Entitlement and Covered Days of Care	Persons <sup>1</sup>	Covered Admissions <sup>2</sup>	Covered Days of Care			Covered Charges			
			Number	Per Admission	Per Person	Amount in Thousands	Per Admission	Per Person	Per Day
<b>All Beneficiaries</b>									
Total	1,705,864	2,509,080	68,384,760	27.3	40.1	\$36,535,206	\$14,561	\$21,417	\$534
1-8 Days	380,727	560,718	2,640,726	4.7	6.9	2,360,528	4,210	6,200	894
9-20 Days	527,475	752,013	10,826,905	14.4	20.5	7,200,096	9,574	13,650	665
21-40 Days	426,000	642,891	18,658,359	29.0	43.8	10,050,209	15,633	23,592	539
41-60 Days	183,189	284,649	14,088,590	49.5	76.9	6,879,716	24,169	37,555	488
61-80 Days	81,728	130,459	9,054,365	69.4	110.8	4,208,311	32,258	51,492	465
81 Days or More	106,745	138,350	13,115,815	94.8	122.9	5,836,346	42,185	54,676	445
<b>Aged</b>									
Total	1,564,507	2,289,750	62,527,955	27.3	40.0	33,356,672	14,568	21,321	533
1-8 Days	345,163	505,170	2,385,385	4.7	6.9	2,128,175	4,213	6,166	892
9-20 Days	482,267	684,480	9,849,534	14.4	20.4	6,555,443	9,577	13,593	666
21-40 Days	396,076	594,085	17,241,975	29.0	43.5	9,275,887	15,614	23,419	538
41-60 Days	169,749	262,273	12,981,456	49.5	76.5	6,326,923	24,123	37,272	487
61-80 Days	75,198	119,333	8,281,247	69.4	110.1	3,840,508	32,183	51,072	464
81 Days or More	96,054	124,409	11,788,358	94.8	122.7	5,229,737	42,037	54,446	444
<b>Disabled</b>									
Total	141,357	219,330	5,856,805	26.7	41.4	3,178,534	14,492	22,486	543
1-8 Days	35,564	55,548	255,341	4.6	7.2	232,354	4,183	6,533	910
9-20 Days	45,208	67,533	977,371	14.5	21.6	644,654	9,546	14,260	660
21-40 Days	29,924	48,806	1,416,384	29.0	47.3	774,322	15,865	25,876	547
41-60 Days	13,440	22,376	1,107,134	49.5	82.4	552,793	24,705	41,130	499
61-80 Days	6,530	11,126	773,118	69.5	118.4	367,803	33,058	56,325	476
81 Days or More	10,691	13,941	1,327,457	95.2	124.2	606,609	43,513	56,740	457

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 2009**

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 <sup>3</sup>	Per Person	Per Day
<b>All Beneficiaries</b>								
Total	\$5,269,145	\$2,100	\$3,089	\$77	\$25,530,079	\$10,183	\$14,966	\$373
1-8 Days	64,085	114	168	24	1,188,445	2,122	3,122	450
9-20 Days	292,748	389	555	27	4,809,188	6,401	9,117	444
21-40 Days	1,218,898	1,896	2,861	65	7,394,349	11,510	17,358	396
41-60 Days	1,322,552	4,646	7,220	94	5,009,656	17,607	27,347	356
61-80 Days	955,493	7,324	11,691	106	3,010,393	23,085	36,834	332
81 Days or More	1,415,369	10,230	13,259	108	4,118,049	29,770	38,578	314
<b>Aged</b>								
Total	4,798,984	2,096	3,067	77	23,434,248	10,243	14,979	375
1-8 Days	56,823	112	165	24	1,083,380	2,147	3,139	454
9-20 Days	262,738	384	545	27	4,399,682	6,433	9,123	447
21-40 Days	1,119,346	1,884	2,826	65	6,857,538	11,551	17,314	398
41-60 Days	1,215,720	4,635	7,162	94	4,629,106	17,658	27,270	357
61-80 Days	872,477	7,311	11,602	105	2,759,942	23,138	36,702	333
81 Days or More	1,271,879	10,223	13,241	108	3,704,600	29,782	38,568	314
<b>Disabled</b>								
Total	470,161	2,144	3,326	80	2,095,831	9,565	14,827	358
1-8 Days	7,262	131	204	28	105,064	1,894	2,954	411
9-20 Days	30,009	444	664	31	409,506	6,071	9,058	419
21-40 Days	99,552	2,040	3,327	70	536,811	11,008	17,939	379
41-60 Days	106,832	4,774	7,949	96	380,550	17,014	28,315	344
61-80 Days	83,016	7,461	12,713	107	250,451	22,517	38,354	324
81 Days or More	143,490	10,293	13,422	108	413,449	29,661	38,673	311

<sup>1</sup>Number of beneficiaries receiving Medicare skilled nursing facility covered services.

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

<sup>3</sup>The 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 Research, Development, and Information.