

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 2012**

		Covered Days of Care				Covered Charges			
Type of Entitlement and Covered Days of Care	Persons ¹	Covered Admissions ²	Number	Per Admission	Per Person	Amount in Thousands	Per Admission	Per Person	Per Day
All Beneficiaries									
Total	1,737,899	2,509,982	68,687,198	27.4	39.5	\$43,068,840	\$17,159	\$24,782	\$627
1-8 Days	353,900	515,562	2,453,556	4.8	6.9	2,398,004	4,651	6,776	977
9-20 Days	546,311	764,405	11,115,967	14.5	20.3	8,268,908	10,817	15,136	744
21-40 Days	461,050	680,324	19,732,547	29.0	42.8	12,418,389	18,254	26,935	629
41-60 Days	195,640	295,977	14,595,930	49.3	74.6	8,539,126	28,851	43,647	585
61-80 Days	82,384	127,372	8,835,383	69.4	107.2	4,973,982	39,051	60,376	563
81 Days or More	98,614	126,342	11,953,815	94.6	121.2	6,470,431	51,214	65,614	541
Aged									
Total	1,577,372	2,264,380	62,057,012	27.4	39.3	38,873,606	17,167	24,645	626
1-8 Days	317,218	458,441	2,187,737	4.8	6.9	2,135,062	4,657	6,731	976
9-20 Days	493,307	686,683	9,980,172	14.5	20.2	7,439,743	10,834	15,081	745
21-40 Days	425,058	622,751	18,062,896	29.0	42.5	11,353,528	18,231	26,711	629
41-60 Days	179,681	270,129	13,319,085	49.3	74.1	7,779,206	28,798	43,295	584
61-80 Days	74,900	114,798	7,959,430	69.3	106.3	4,473,056	38,965	59,720	562
81 Days or More	87,208	111,578	10,547,692	94.5	120.9	5,693,011	51,023	65,281	540
Disabled									
Total	160,527	245,602	6,630,186	27.0	41.3	4,195,235	17,081	26,134	633
1-8 Days	36,682	57,121	265,819	4.7	7.2	262,942	4,603	7,168	989
9-20 Days	53,004	77,722	1,135,795	14.6	21.4	829,164	10,668	15,643	730
21-40 Days	35,992	57,573	1,669,651	29.0	46.4	1,064,862	18,496	29,586	638
41-60 Days	15,959	25,848	1,276,845	49.4	80.0	759,920	29,400	47,617	595
61-80 Days	7,484	12,574	875,953	69.7	117.0	500,926	39,838	66,933	572
81 Days or More	11,406	14,764	1,406,123	95.2	123.3	777,420	52,656	68,159	553

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 2012**

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	\$5,603,848	\$2,233	\$3,224	\$82	\$27,632,152	\$11,019	\$15,900	\$402
1-8 Days	65,010	126	184	26	1,138,940	2,213	3,218	464
9-20 Days	309,527	405	567	28	5,222,486	6,839	9,560	470
21-40 Days	1,368,069	2,011	2,967	69	8,264,049	12,156	17,924	419
41-60 Days	1,467,327	4,958	7,500	101	5,569,380	18,824	28,467	382
61-80 Days	1,001,477	7,863	12,156	113	3,216,079	25,256	39,038	364
81 Days or More	1,392,438	11,021	14,120	116	4,221,220	33,416	42,805	353
Aged								
Total	5,037,138	2,225	3,193	81	25,047,895	11,072	15,880	404
1-8 Days	56,726	124	179	26	1,027,898	2,246	3,240	470
9-20 Days	273,683	399	555	27	4,717,211	6,876	9,562	473
21-40 Days	1,243,069	1,996	2,924	69	7,589,202	12,195	17,855	420
41-60 Days	1,335,233	4,943	7,431	100	5,093,173	18,862	28,346	382
61-80 Days	900,176	7,841	12,018	113	2,900,904	25,276	38,730	364
81 Days or More	1,228,251	11,008	14,084	116	3,719,507	33,340	42,651	353
Disabled								
Total	566,710	2,307	3,530	85	2,584,257	10,535	16,099	390
1-8 Days	8,285	145	226	31	111,042	1,948	3,027	418
9-20 Days	35,843	461	676	32	505,275	6,509	9,533	445
21-40 Days	125,000	2,171	3,473	75	674,847	11,732	18,750	404
41-60 Days	132,094	5,110	8,277	103	476,207	18,430	29,839	373
61-80 Days	101,301	8,056	13,536	116	315,175	25,070	42,113	360
81 Days or More	164,188	11,121	14,395	117	501,713	33,984	43,987	357

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 & Data Analytics.