

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 2012

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	2,509,982	68	68,687	1,861	27	\$43,068,840	\$17,159	627	\$27,632,152	64	11,019	402
Age												
Under 65 Years	235,599	34	6,362	926	27	4,025,032	17,084	633	2,480,614	62	10,542	390
65-69 Years	268,698	27	6,925	699	26	4,461,674	16,605	644	2,754,254	62	10,261	398
70-74 Years	274,327	41	6,980	1,032	25	4,578,629	16,690	656	2,844,938	62	10,381	408
75-79 Years	356,126	71	9,338	1,849	26	6,012,242	16,882	644	3,798,679	63	10,676	407
80-84 Years	463,355	117	12,659	3,201	27	7,973,593	17,208	630	5,135,844	64	11,094	406
85 Years or Over	911,877	209	26,423	6,056	29	16,017,671	17,566	606	10,617,824	66	11,654	402
Sex												
Male	953,919	56	25,188	1,485	26	15,951,682	16,722	633	10,211,038	64	10,715	405
Female	1,556,063	78	43,500	2,181	28	27,117,158	17,427	623	17,421,114	64	11,206	400
Race⁴												
White	2,128,871	70	57,471	1,882	27	36,144,529	16,978	629	23,097,271	64	10,859	402
Other	374,045	61	11,028	1,796	29	6,801,279	18,183	617	4,457,045	66	11,930	404
Type of Entitlement												
Aged ⁵	2,264,380	75	62,057	2,066	27	38,873,606	17,167	626	25,047,895	64	11,072	404
Disabled ⁶	245,602	36	6,630	965	27	4,195,235	17,081	633	2,584,257	62	10,535	390
Discharge Status												
Alive	2,422,651	----	67,013	----	28	42,099,643	17,378	628	26,986,862	64	11,150	403
Dead	87,331	----	1,674	----	19	969,198	11,098	579	645,291	67	7,397	385

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