

**CMS 2010 Basic Stand Alone (BSA)**  
**Skilled Nursing Facility (SNF) Beneficiary Public Use File (PUF)**  
**General Documentation**

**1. Overview of the PUF**

This release contains the Basic Stand Alone (BSA) Skilled Nursing Facility (SNF) Beneficiary Public Use File (PUF) named “*CMS 2010 BSA SNF Beneficiary PUF*” with information from 2010 Medicare SNF claims.<sup>1</sup> The *CMS 2010 BSA SNF Beneficiary PUF* is a beneficiary-level file in which the beneficiaries with identical information (i.e., same values for all variables of the PUF) are presented together in one record. The PUF is created from a random 5% sample of Medicare beneficiaries who had at least one SNF claim in 2010. There are some demographic and claim-related variables provided in this PUF as detailed below.

When the variables were selected for inclusion in this PUF, priority was given to the measures most commonly reported/studied in health services research. However, most variables could not be included in the *CMS 2010 BSA SNF Beneficiary PUF* because the inclusion of more information would increase the risk of identification of beneficiaries.

**2. Source Data for the PUF**

The *CMS 2010 BSA SNF Beneficiary PUF* originates from a 5% simple random sample of beneficiaries drawn (without replacement) from the 100% Beneficiary Summary File for reference year 2010. The sample that is used for the *CMS 2010 BSA SNF Beneficiary PUF* is *disjoint* from the existing 5% CMS research sample<sup>2</sup> in the sense that there is no overlap in terms of the beneficiaries in the *CMS 2010 BSA SNF Beneficiary PUF* and the 5% CMS research sample. It is also disjoint from other *CMS 2010 BSA PUFs* (i.e., CMS 2010 Inpatient Claims PUF, CMS 2010 DME Line Items PUF, CMS 2010 PDE PUF, CMS 2010 Hospice Beneficiary PUF, CMS 2010 Outpatient Procedures PUF, CMS 2010 HHA Beneficiary PUF, and CMS 2010 Carrier Line Items PUF). This property prevents users from linking data across multiple files for identification purposes.

The 100% Beneficiary Summary File is created annually and contains demographic, entitlement and enrollment data for beneficiaries

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<sup>1</sup> Claims with SNF services ending in 2010, defined by the “claim through date.”

<sup>2</sup> [http://www.resdac.org/tools/TBs/TN-011\\_How5percentMedicarefilescreated\\_508.pdf](http://www.resdac.org/tools/TBs/TN-011_How5percentMedicarefilescreated_508.pdf)

- a. who were documented as being alive for some part of the reference year of the Beneficiary Summary File, and
- b. who were entitled to Medicare benefits during the reference year, and
- c. who were enrolled in the Medicare Part A and/or Part B for at least one month in the reference year.

The 5% sample of SNF claims is created by collecting claims for the beneficiaries in the 5% random sample of beneficiaries. The 5% random sample contains approximately 2.5 million beneficiaries. To create the *CMS 2010 BSA SNF Beneficiary PUF*, all claims that belong to those 2.5 million beneficiaries are collected.

As part of the PUF preparation steps, some claims are excluded/suppressed from the *CMS 2010 BSA SNF Beneficiary PUF*. The initial 5% sample of beneficiaries contains 2,503,542 beneficiaries. Out of the 2,503,542 beneficiaries, there are 96,692 beneficiaries with at least one SNF claim, and the remaining 2,406,850 beneficiaries do not have any SNF claims in 2010. A total of 7,639 beneficiaries are excluded because Medicare did not pay for the services provided (e.g., Medicare payment is zero and/or days of covered care are zero). Therefore the *CMS 2010 BSA SNF Beneficiary PUF* includes only information from claims with Medicare reimbursement greater than zero. Similarly, to increase the utility of the file (e.g., for calculations of utilization rates), 23,217 beneficiaries are excluded because they were not enrolled in Fee-for-Service (FFS) Medicare Part A for twelve (12) months in 2010. After these exclusions, a total of 65,836 beneficiaries are included. In addition, to protect the privacy of Medicare beneficiaries, a total of 698 beneficiaries are suppressed from the PUF. Table 1 below provides total Medicare payments for these suppressed beneficiaries.

Table 1: Suppression in CMS 2010 BSA SNF Beneficiary PUF

Category	Formula	Medicare Payments <sup>(2)</sup>	Number of Beneficiaries
Initial 5% Sample <sup>(1)</sup>	(a)	\$1,024,073,534	65,836
Suppressed	(b)	\$22,598,491	698
<i>CMS 2010 BSA SNF PUF</i>	(c) =(a)-(b)	\$1,001,475,043	65,138

(1) A total of 30,856 beneficiaries are suppressed initially: 7,639 because of denied claims and 23,217 because of enrollment in Fee-for-Service (FFS) Medicare Part A for less than 12 months in 2010.

(2) The Medicare Payments provided in this table are computed using actual payment amounts from the SNF claims file.

### 3. Content of the PUF

The most important aspects of the *CMS 2010 BSA SNF Beneficiary PUF* are as follows:

- i. It contains claims for a simple random sample of 5% of the 2010 beneficiary population. Out of approximately 2.5 million beneficiaries in the 5% sample, 96,692 had SNF claims.
- ii. It contains six (6) analytic variables (in addition to a beneficiary count): Age, gender, number of covered admissions, number of covered days of SNF rehabilitation services care, number of covered days of SNF rehabilitation plus extensive services care, and total payment by Medicare. Some of the variables have been aggregated or coarsened in order to protect individuals from identification while retaining the analytic value of the data.
- iii. A beneficiary is only included in the PUF if the combination of all six (6) variables is shared by at least eleven (11) beneficiaries in the population. For some combinations of values of the six (6) variables, there are fewer than eleven (11) beneficiaries in the PUF (e.g., only one or two beneficiaries).

### 4. Analytic Variables of the PUF

*CMS 2010 SNF Beneficiary PUF* contains seven (7) variables: Six (6) analytic variables and a beneficiary count variable, listed below.

- i. Gender (BENE\_SEX\_IDENT\_CD): The beneficiary's gender, (1) male or (2) female.
- ii. Age (BENE\_AGE\_CAT\_CD): The beneficiary's age, reported in six categories: (1) under 65, (2) 65 - 69, (3) 70 - 74, (4) 75-79, (5) 80-84, and (6) 85 and older.
- iii. Number of covered admissions (SNF\_ADM\_CD): This variable has two values: (1) for beneficiaries who only had one covered admission, and (2) for beneficiaries who had two or more covered admissions. The total number of admissions is calculated by verifying the number of different admissions dates for all the SNF claims observed for the beneficiary using claim-level data. The primary source for this calculation is the field CLM\_ADMSN\_DT<sup>3</sup>. The CLM\_ADMSN\_DT variable is populated for every single claim in the dataset with the date the beneficiary was admitted to the SNF. Beneficiaries enter the SNF within a short period of time, generally 30 days after a qualifying hospital stay of 3 consecutive days or more.

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<sup>3</sup> [http://www.resdac.org/ddvh/NewFiles/ADMSN\\_DT.htm](http://www.resdac.org/ddvh/NewFiles/ADMSN_DT.htm)

- iv. Total days of covered SNF *Rehabilitation Services* care (SNF\_RHB\_CD): This is a set of 5 possible codes, numbered 0 – 4. It identifies five categories of the total number of days of rehabilitation that the beneficiary received while in SNF care. This variable is based on the patient classification under Medicare’s Prospective Payment System (PPS) for SNF. The SNF PPS employs a Resource Utilization Groups, version IV (RUG-IV) methodology to make a case-mix adjustment that reflects patient acuity.<sup>4</sup> RUG-IV codes classify SNF services into 66 categories.<sup>5</sup> Fourteen (14) of the 66 RUG-IV codes are included: RUC, RUB, RUA, RVC, RVB, RVA, RHC, RHB, RHA, RMC, RMB, RMA, RLB, and RLA.

The *Rehabilitation* codes consist of patients admitted primarily for rehabilitative services such as physical or occupational therapy to improve or restore function. Such patients may have diagnosis such as hip fracture or stroke, disability from medical/surgical conditions, and the need for intensive rehabilitation to regain functionality.

- v. Total days of covered SNF *Rehabilitation plus Extensive Services* care (SNF\_RHBXS\_CD): This is a set of 3 possible codes, numbered 0 – 2. It identifies three categories of the total number of days of rehabilitation plus extensive services that the beneficiary received while in SNF care. This variable is based on the SNF PPS 66 RUG-IV Case-Mix classification system. Nine (9) of the 66 RUG-IV codes are included: RUX, RUL, RVX, RVL, RHX, RHL, RMX, RML, and RLX.

The *Rehabilitation plus Extensive Services* categories represent a population with heavy-care needs, because in addition to rehabilitation they need extensive services such as intravenous feeding, intravenous medications, or respiratory services.

Note that the SNF claims file includes beneficiaries receiving all 66 RUG-IV categories of service. Details on other non-rehabilitation services covered (exactly 43 RUG-IV categories) by Medicare were not included in the *CMS 2010 BSA SNF Beneficiary PUF* because of their low frequency of occurrence. Table 2 provides the 66 RUG-IV categories and descriptions for broader RUG-IV groups.

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<sup>4</sup> A 53 group RUG classification system or RUG-III was in effect until September 30, 2010. In October 2010, CMS adopted a new case-mix classification system that expanded the number of case-mix groups to 66, known as RUG-IV. The categories included in *Rehabilitation Plus Extensive Services* and *Rehabilitation Services* did not change between RUG-III and RUG-IV, thus not affecting consistency with the *CMS 2008 BSA SNF Beneficiary PUF*.

<sup>5</sup> Each RUG-IV group is assigned an index score that represents the amount of nursing time and rehabilitation treatment time associated with caring for the residents who qualify for the group. Patients are assigned to one of the 66 RUGs based on patient characteristics and service use that are expected to require similar resources.

- vi. Total Medicare payment (SNF\_PMT\_AMT): This value is the total payments made by Medicare for the SNF claims of the beneficiary. The values are rounded according to the rules in Table 3. Note that a payment amount between \$0 and \$499.99 is rounded to \$0 according to the rounding rules. Note also that the Medicare payment amount can be positive even when both SNF\_RHB\_CD and SNF\_RHBXS\_CD variables are equal to zero. This is because there are types of services (not related to rehabilitation) that might exist in a claim, but are not included in the *CMS 2010 BSA SNF Beneficiary PUF*.
- vii. Beneficiary count (BENE\_CNT): This variable contains the number of beneficiaries, out of the 65,138 included in the PUF, that share the same profile, or unique combination of age, gender, number of covered admissions, number of covered days of SNF rehabilitation services care, number of covered days of SNF rehabilitation plus extensive services care, and total payment by Medicare.

The detailed definitions and frequency distributions of these variables are provided in the Data Dictionary & Codebook together with this document.

## **5. Analytic Utility of the PUF**

Under the SNF benefit, Medicare pays for beneficiaries to get care services from skilled nurses or rehabilitation staff in a nursing home or hospital if certain conditions are met. Medicare pays for SNF care for up to 100 days (full cost up to 20 days and all but a daily copayment between 21 and 100 days) after a qualifying inpatient hospital stay of 3 consecutive days or more. In addition, beneficiaries start SNF care within a short period of time (generally less than 30 days) of leaving the hospital, and don't usually stay in SNF until they are completely recovered. SNF care does not cover custodial care such as help with usual daily activities or care that most people do themselves.

Table 4 through Table 8 provide comparisons of the distribution for each variable included in the PUF. For each table three different distributions are provided. The column "Population" refers to the population analogous to the column "Initial 5% sample" of Medicare beneficiaries receiving SNF care in 2010. The initial 5% sample consists of 65,836 beneficiaries after preliminary cleaning steps (see Table 1 above). The last column "PUF" refers to the 65,138 beneficiaries that remain in the PUF.

Table 9 through Table 12 provide covered admissions, covered days of care, and Medicare payments by gender, age categories, number of admissions, and number of total covered days of care categories. Utilization rates such as covered days of care per admission and Medicare payment per admission and per day are also included.

Table 13 through Table 15 provide mean and median days of covered care by gender, age categories, and categories of number of admissions. Each table gives mean and median number of days for all the 66 RUG-IV codes grouped into three broader categories: rehabilitation, rehabilitation plus extensive services, and non-rehabilitative services (not provided in the PUF). In addition, Table 16 gives additional information on mean number of days for the broader 66 RUG-IV category (i.e. non-rehabilitative services) that was omitted from the PUF to protect the confidentiality of Medicare beneficiaries, by combinations of the remainder rehabilitation categories.

Lastly, Table 17 gives mean and median days of covered care (including all 66 RUG-IV categories) by Medicare payment category. Table 18 gives the distribution of beneficiaries by age and gender regardless of having an SNF claim ending in 2010. This table is provided for users interested in calculating utilization rates by age and gender. Note that the initial 5% sample of Medicare beneficiaries is comprised of 2,503,542 individuals. However, 848,176 beneficiaries were excluded due to enrollment in Fee-for-Service (FFS) Medicare Part A for less than 12 months in 2010. This subtraction is intended to eliminate the bias in utilization rates due to over or under representation of beneficiaries in the denominator.

Table 2: Types of Care in Skilled Nursing Facility Claims

Type of Service	Included in SNF PUF	Broad RUG-IV Groups	RUG-IV Categories
Rehabilitation Plus Extensive Services	Yes	Rehabilitation Plus Extensive Services	RUX, RUL, RVX, RVL, RHX, RHL, RMX, RML, RLX
Rehabilitation	Yes	Rehabilitation	RUC, RUB, RUA, RVC, RVB, RVA, RHC, RHB, RHA, RMC, RMB, RMA, RLB, RLA
Non-Rehabilitative Services	No	Extensive Services	ES3, ES2, ES1
		Special Care High	HE2, HE1, HD2, HD1, HC2, HC1, HB2, HB1
		Special Care Low	LE2, LE1, LD2, LD1, LC2, LC1, LB2, LB1
		Clinically Complex	CE2, CE1, CD2, CD1, CC2, CC1, CB2, CB1, CA2, CA1
		Behavioral Symptoms and Cognitive Performance	BB2, BB1, BA2, BA1
		Reduced Physical Function	PE2, PE1, PD2, PD1, PC2, PC1, PB2, PB1, PA2, PA1

Note: This classification is available at <http://edocket.access.gpo.gov/2009/pdf/E9-18662.pdf> page 40,332.

Table 3: Rounding Rule for Total Medicare Payments

Value of Total Medicare Payment Amount (\$)	Rounding Rule
0 - 25,000	Round to the nearest multiple of 1,000 <sup>(1)</sup>
Greater than 25,000	Round to the nearest multiple of 5,000

(1) Note that a payment amount between \$0 and \$499.99 is rounded to \$0 according to the rounding rules. Hence, the corresponding value for \$1,000 in the PUF is a value between \$500 and \$1499.99 in the initial 5% sample file.

Table 4: Distribution of Beneficiaries by Gender

Gender	Population (%)	Initial 5% Sample (%)	PUF (%)
Male	33.655	33.910	33.724
Female	66.345	66.090	66.276

Note: Percentages may not add up to 100% due to rounding.

Table 5: Distribution of Beneficiaries by Age Categories

Age	Population (%)	Initial 5% Sample (%)	PUF (%)
Under 65	8.721	9.004	8.884
65-69	7.985	8.172	8.083
70-74	11.519	11.784	11.698
75-79	15.514	15.788	15.803
80-84	20.451	20.310	20.351
85 and older	35.810	34.943	35.181

Note: Percentages may not add up to 100% due to rounding.

Table 6: Distribution of Beneficiaries by Total Admissions

Total Admissions	Population (%)	Initial 5% Sample (%)	PUF (%)
1 admission	70.952	69.825	70.103
2 or more admissions	29.048	30.175	29.897

Note: Percentages may not add up to 100% due to rounding.

Table 7: Distribution of Beneficiaries by Covered Days of Rehabilitation Services

Covered Days of Rehabilitation Services	Population (%)	Initial 5% Sample (%)	PUF (%)
0 day	23.227	23.244	23.246
1 - 8 days	11.802	11.741	11.651
9 - 20 days	20.681	20.659	20.652
21 - 40 days	20.763	20.890	20.925
41 or more days	23.527	23.466	23.527

Note: Percentages may not add up to 100% due to rounding.

Table 8: Distribution of Beneficiaries by Covered Days of Rehabilitation Plus Extensive Services

Covered Days of Rehabilitation Plus Extensive Services	Population (%)	Initial 5% Sample (%)	PUF (%)
0 day	48.897	48.411	48.514
1 - 20 days	28.459	28.408	28.389
21 or more days	22.644	23.180	23.097

Note: Percentages may not add up to 100% due to rounding.

Table 9: Covered Admissions, Covered Days of Care, and Medicare Payments by Gender<sup>(1)</sup>

Gender	Covered Admissions	Total Covered Days of Care	Covered Days of Care per Admission	Medicare Payments (\$)	Medicare Payment per Admission (\$)	Medicare Payment per day (\$)
	(a)	(b)	(c)=(b)/(a)	(d)	(e) = (d)/(a)	(f) = (d)/(b)
Male	32,650	860,431	26.4	336,305,737	10,300	391
Female	62,287	1,721,742	27.6	665,109,306	10,679	386
Total	94,937	2,582,173	27.2	1,001,475,043	10,549	388

(1) Covered admissions, covered days of care, and Medicare payments provided in this table are computed using actual amounts from the SNF claims file for those beneficiaries included in the PUF.

Table 10: Covered Admissions, Covered Days of Care, and Medicare Payments by Age<sup>(1)</sup>

Age	Covered Admissions	Covered Days of Care	Covered Days of Care per Admission	Medicare Payments (\$)	Medicare Payment per Admission (\$)	Medicare Payment per day (\$)
	(a)	(b)	(c) = (b)/(a)	(d)	(e) = (d)/(a)	(f) = (d)/(b)
Under 65	9,060	232,409	25.7	84,805,566	9,360	365
65-69	7,577	188,678	24.9	73,314,989	9,676	389
70-74	10,879	272,752	25.1	106,732,261	9,811	391
75-79	14,767	382,741	25.9	149,150,497	10,100	390
80-84	19,284	520,659	27.0	204,216,813	10,590	392
85 and older	33,370	984,934	29.5	383,254,916	11,485	389
Total	94,937	2,582,173	27.2	1,001,475,043	10,549	388

(1) Covered admissions, covered days of care, and Medicare payments provided in this table are computed using actual amounts from the SNF claims file for those beneficiaries included in the PUF.

Table 11: Covered Admissions, Covered Days of Care, and Medicare Payments by Number of Admissions<sup>(1)</sup>

Number of Admissions	Covered Admissions	Covered Days of Care	Covered Days of Care per Admission	Medicare Payments (\$)	Medicare Payment per Admission (\$)	Medicare Payment per day (\$)
	(a)	(b)	(c)=(b)/(a)	(d)	(e) = (d)/(a)	(f) = (d)/(b)
1	45,664	1,321,364	28.9	528,894,116	11,582	400
2	25,696	719,426	28.0	273,910,009	10,660	381
3	12,807	323,598	25.3	119,925,629	9,364	371
4	6,012	132,012	22.0	48,000,395	7,984	364
5	2,745	53,812	19.6	19,313,114	7,036	359
6	1,122	19,458	17.3	7,095,695	6,324	365
7	504	7,326	14.5	2,538,385	5,036	346
8	280	4,011	14.3	1,420,956	5,075	354
9	72	838	11.6	259,408	3,603	310
10	10	100	10.0	47,114	4,711	471
12	12	83	6.9	25,828	2,152	311
13	13	145	11.2	44,394	3,415	306
Total	94,937	2,582,173	27.2	1,001,475,043	10,549	388

(1) Covered admissions, covered days of care, and Medicare payments provided in this table are computed using actual amounts from the SNF claims file for those beneficiaries included in the PUF.

Table 12: Covered Admissions, Covered Days of Care, and Medicare Payments by Total Covered Days of Care<sup>(1)</sup>

Number of Total Covered Days of care	Number of Beneficiaries	Covered Admissions	Covered Days of Care	Covered Days of Care per Admission	Covered Days of Care Per Person	Medicare Payments (\$)	Medicare Payment per Admission (\$)	Medicare Payment per Beneficiary (\$)	Medicare Payment per day (\$)
	(a)	(b)	(c)	(d) = (c)/(b)	(e) = (c)/(a)	(f)	(g) = (f)/(b)	(h) = (f)/(a)	(i) = (f)/(c)
1 – 8 days	7,598	7,834	39,062	5.0	5.1	16,438,858	2,098	2,164	421
9 – 20 days	16,846	18,645	248,646	13.3	14.8	115,526,404	6,196	6,858	465
21 – 40 days	16,441	21,050	482,148	22.9	29.3	208,798,435	9,919	12,700	433
41 days or more	24,253	47,408	1,812,317	38.2	74.7	660,711,346	13,937	27,242	365
Total	65,138	94,937	2,582,173	27.2	39.6	1,001,475,043	10,549	15,375	388

(1) Covered admissions, covered days of care, and Medicare payments provided in this table are computed using actual amounts from the SNF claims file for those beneficiaries included in the PUF.

Table 13: Mean and Median Days of Covered Care by Gender and Broader RUG-III Categories<sup>(1)</sup>

Gender	Mean total days <sup>(2)</sup>	Median total days <sup>(2)</sup>	Mean rehabilitation days <sup>(2)</sup>	Median rehabilitation days <sup>(2)</sup>	Mean rehabilitation plus extensive services days <sup>(2)</sup>	Median rehabilitation plus extensive services days <sup>(2)</sup>	Mean other SNF days <sup>(2)</sup>	Median other SNF days <sup>(2)</sup>
Male	39.169	28	25.015	17	11.074	0	3.080	0
Female	39.882	29	25.416	17	11.668	5	2.798	0
Total	39.642	29	25.281	17	11.468	4	2.893	0

(1) All mean and median covered days are computed using the actual number of days from the SNF claim file.

(2) All beneficiaries included in PUF (65,138 beneficiaries).

Table 14: Mean and Median Days of Covered Care by Age and Broader RUG-III Categories <sup>(1)</sup>

Age	Mean total days <sup>(2)</sup>	Median total days <sup>(2)</sup>	Mean rehabilitation days <sup>(2)</sup>	Median rehabilitation days <sup>(2)</sup>	Mean rehabilitation plus extensive services days <sup>(2)</sup>	Median rehabilitation plus extensive services days <sup>(2)</sup>	Mean other SNF days <sup>(2)</sup>	Median other SNF days <sup>(2)</sup>
Under 65	40.161	28	23.643	14	10.971	0	5.547	0
65-69	35.836	23	22.217	13	10.913	3	2.706	0
70-74	35.794	23	22.491	14	10.895	3	2.408	0
75-79	37.181	25	23.480	15	11.186	5	2.515	0
80-84	39.277	29	25.288	17	11.508	4	2.482	0
85 and older	42.980	33	28.130	21	12.015	5	2.835	0
Total	39.642	29	25.281	17	11.468	4	2.893	0

(1) All mean and median covered days are computed using the actual number of days from the SNF claim file.

(2) All beneficiaries included in PUF (65,138 beneficiaries).

Table 15: Mean and Median Days of Covered Care by Number of Admissions and Broader RUG-III Categories <sup>(1)</sup>

Number of admissions	Mean total days <sup>(2)</sup>	Median total days <sup>(2)</sup>	Mean rehabilitation days <sup>(2)</sup>	Median rehabilitation days <sup>(2)</sup>	Mean rehabilitation plus extensive services days <sup>(2)</sup>	Median rehabilitation plus extensive services days <sup>(2)</sup>	Mean other SNF days <sup>(2)</sup>	Median other SNF days <sup>(2)</sup>
1	28.937	21	18.972	12	8.146	0	1.819	0
2 or more admissions	64.743	62	40.072	35	19.258	14	5.413	0
Total	39.642	29	25.281	17	11.468	4	2.893	0

(1) All mean and median covered days are computed using the actual number of days from the SNF claim file.

(2) All beneficiaries included in PUF (65,138 beneficiaries).

Table 16: Mean Days of Covered Days of Other (Non-Rehabilitative) SNF Services by Categories of Rehabilitation and Rehabilitation Plus Extensive Services<sup>(1)</sup>

Category of Rehabilitation Services	Category of Rehabilitation Plus Extensive Services		
	0 days	1-20 days	21 or more days
0 days	17	1	3
1 – 8 days	1	1	3
9 – 20 days	1	2	4
21 – 40 days	2	3	5
41 days or more	2	3	3

(1) Note that other (non-rehabilitative) SNF services are not provided in the PUF.

Table 17: Mean and Median Days of Covered Care by Medicare Payment Category<sup>(1)</sup>

Total Medicare Payment (\$)	Mean total days of covered care <sup>(2)</sup>	Median total days of covered care <sup>(2)</sup>
0	2.560	1
1,000	3.640	3
2,000	6.338	6
3,000	8.770	8
4,000	11.031	10
5,000	12.926	12
6,000	15.222	14
7,000	17.877	16
8,000	20.023	19
9,000	22.339	20
10,000	24.509	22
11,000	27.165	25
12,000	30.223	28
13,000	32.956	30
14,000	36.246	33
15,000	38.760	36
16,000	42.068	39
17,000	44.951	41
18,000	48.133	45
19,000	51.699	48
20,000	53.919	50
21,000	58.092	54
22,000	60.310	56
23,000	63.661	59
24,000	67.196	64
25,000	72.403	69
30,000	80.759	82
35,000	89.227	96
40,000	95.492	100
45,000	102.843	100
50,000	107.787	100
55,000	114.632	101
60,000	126.798	127
65,000	139.205	143.5
70,000	144.633	145.5
75,000	158.237	165
80,000	148.539	149
85,000	174.286	175

Total Medicare Payment (\$)	Mean total days of covered care <sup>(2)</sup>	Median total days of covered care <sup>(2)</sup>
90,000	171.429	178
95,000	147.000	143
Total	39.642	29

- (1) All mean and median covered days are computed using the actual number of days from the SNF claim file.  
(2) All beneficiaries included in PUF (65,138 beneficiaries).

Table 18: Distribution of Medicare beneficiaries in the 5% Beneficiary Summary File<sup>(1)</sup>  
by Age and Gender

	Under 65	65-69	70-74	75-79	80-84	85 and older	Total
Male	158,563	178,105	151,569	111,317	80,710	68,503	748,767
Female	140,286	189,358	173,533	139,809	120,095	143,518	906,599
Total	298,849	367,463	325,102	251,126	200,805	212,021	1,655,366

- (1) 848,176 beneficiaries are excluded from the 5% Beneficiary file (2,503,542 beneficiaries) because of enrollment in FFS Medicare Part A for less than 12 months in 2010.