

Table 37

**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 2000**

Demographic Characteristic, Type of Entitlement, and Discharge Status	Covered Admissions <sup>1</sup>		Covered Days of Care		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Total in Thousands	Per 1,000 HI Enrollees <sup>2</sup>	Per Admission
<b>Total</b>	1,936,127	60	44,834	1,387	23
<b>Age</b>					
Under 65 Years	99,922	20	2,302	469	23
65-69 Years	132,022	18	2,790	384	21
70-74 Years	216,664	32	4,578	677	21
75-79 Years	349,058	60	7,712	1,326	22
80-84 Years	425,491	108	9,877	2,502	23
85 Years or Over	712,970	197	17,576	4,853	25
<b>Sex</b>					
Male	663,304	47	14,654	1,042	22
Female	1,272,823	70	30,181	1,653	24
<b>Race<sup>4</sup></b>					
White	1,699,560	61	38,738	1,400	23
Other	226,159	50	5,850	1,283	26
<b>Type of Entitlement</b>					
Aged <sup>5</sup>	1,832,216	67	42,443	1,548	23
Disabled <sup>6</sup>	103,911	21	2,392	487	23
<b>Discharge Status</b>					
Alive	1,808,832	NA	42,675	NA	24
Dead	127,295	NA	2,160	NA	17

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

<sup>2</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

<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.

<sup>4</sup>Excludes unknown race.

<sup>5</sup>Includes aged persons with end stage renal disease (ESRD).

<sup>6</sup>Includes 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. NA is not applicable.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 37—Continued

**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 2000**

Covered Charges			Program Payments			
Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Percent of Covered Charges	Per Admission <sup>3</sup>	Per Day
\$18,207,530	\$9,404	\$406	\$10,651,274	59	\$5,511	\$238
1,058,475	10,593	460	534,337	51	5,354	232
1,283,734	9,724	460	667,562	52	5,067	239
2,076,424	9,584	454	1,104,960	53	5,111	241
3,315,597	9,499	430	1,854,185	56	5,322	240
3,979,725	9,353	403	2,351,691	59	5,537	238
6,493,575	9,108	369	4,138,539	64	5,814	235
6,182,157	9,320	422	3,492,981	57	5,277	238
12,025,373	9,448	398	7,158,294	60	5,633	237
15,729,533	9,255	406	9,214,566	59	5,431	238
2,382,628	10,535	407	1,378,854	58	6,111	236
17,108,695	9,338	403	10,096,779	59	5,520	238
1,098,835	10,575	459	554,495	51	5,343	232
17,343,789	9,588	406	10,136,948	58	5,614	238
863,742	6,785	400	514,326	60	4,046	238