

Table 40

**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 2001

Type of Entitlement and Covered	Calendar Year 2001					Covered Charges			
	Persons ¹	Covered Admissions ²	Covered Days of Care		Per Person	Amount in Thousands	Per Admission	Per Person	Per Day
			Number	Admission					
All Beneficiaries									
Total	1,471,488	2,068,716	48,973,956	23.7	33.3	\$20,274,332	\$9,800	\$13,778	\$411
1-8 Days	417,969	567,815	2,781,857	4.9	6.7	1,843,682	3,247	4,411	663
9-20 Days	502,262	683,177	9,560,271	14.0	19.0	5,143,362	7,529	10,240	538
21-40 Days	314,412	463,279	13,257,077	28.6	42.2	5,525,817	11,928	17,575	417
41-60 Days	115,965	180,253	8,902,958	49.4	76.8	3,156,869	17,514	27,223	355
61-80 Days	49,124	81,008	5,627,251	69.5	114.6	1,869,536	23,078	38,057	332
81 Days or More	71,756	93,184	8,844,542	94.9	123.3	2,735,067	29,351	38,116	309
Aged									
Total	1,389,726	1,950,887	46,178,655	23.7	33.2	18,962,730	9,720	13,645	411
1-8 Days	392,465	532,220	2,611,970	4.9	6.7	1,715,325	3,223	4,371	657
9-20 Days	475,358	645,456	9,032,935	14.0	19.0	4,825,140	7,476	10,151	534
21-40 Days	298,916	439,522	12,574,931	28.6	42.1	5,192,660	11,814	17,372	413
41-60 Days	109,925	170,576	8,423,948	49.4	76.6	2,959,700	17,351	26,925	351
61-80 Days	46,360	76,367	5,304,178	69.5	114.4	1,746,995	22,876	37,683	329
81 Days or More	66,702	86,746	8,230,693	94.9	123.4	2,522,910	29,084	37,824	307
Disabled									
Total	81,762	117,829	2,795,301	23.7	34.2	1,311,602	11,131	16,042	469
1-8 Days	25,504	35,595	169,887	4.8	6.7	128,357	3,606	5,033	756
9-20 Days	26,904	37,721	527,336	14.0	19.6	318,222	8,436	11,828	603
21-40 Days	15,496	23,757	682,146	28.7	44.0	333,157	14,024	21,500	488
41-60 Days	6,040	9,677	479,010	49.5	79.3	197,169	20,375	32,644	412
61-80 Days	2,764	4,641	323,073	69.6	116.9	122,540	26,404	44,334	379
81 Days or More	5,054	6,438	613,849	95.3	121.5	212,158	32,954	41,978	346

See footnotes at end of table.

Table 40—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 2001**

Type of Entitlement and Covered Days of Care	Coinsurance Payments				Program Payments			
	Amount	Per	Per	Per	Amount	Per	Per	Per
	in Thousands	Admission	Person	Day	in Thousands	Admission ³	Person	Day
All Beneficiaries								
Total	\$2,569,147	\$1,242	\$1,746	\$52	\$13,105,123	\$6,337	\$8,906	\$268
1-8 Days	33,557	59	80	12	841,271	1,482	2,013	302
9-20 Days	157,318	230	313	16	2,918,960	4,274	5,812	305
21-40 Days	609,502	1,316	1,939	46	3,688,025	7,963	11,730	278
41-60 Days	617,004	3,423	5,321	69	2,254,425	12,509	19,441	253
61-80 Days	442,984	5,468	9,018	79	1,353,177	16,705	27,546	240
81 Days or More	708,782	7,606	9,878	80	2,049,265	21,994	28,559	232
Aged								
Total	2,414,910	1,238	1,738	52	12,387,438	6,352	8,914	268
1-8 Days	31,252	59	80	12	791,687	1,488	2,017	303
9-20 Days	147,457	228	310	16	2,764,621	4,285	5,816	306
21-40 Days	576,235	1,311	1,928	46	3,507,422	7,982	11,734	279
41-60 Days	583,150	3,419	5,305	69	2,137,717	12,534	19,447	254
61-80 Days	417,253	5,464	9,000	79	1,277,856	16,734	27,564	241
81 Days or More	659,562	7,603	9,888	80	1,908,133	21,999	28,607	232
Disabled								
Total	154,237	1,309	1,886	55	717,685	6,093	8,778	257
1-8 Days	2,305	65	90	14	49,584	1,394	1,944	292
9-20 Days	9,860	261	367	19	154,339	4,093	5,737	293
21-40 Days	33,268	1,400	2,147	49	180,602	7,604	11,655	265
41-60 Days	33,854	3,498	5,605	71	116,708	12,062	19,323	244
61-80 Days	25,730	5,544	9,309	80	75,320	16,233	27,250	233
81 Days or More	49,220	7,645	9,739	80	141,132	21,925	27,925	230

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 Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.