

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 2005

Type of Entitlement and Covered Days of Care	Persons ¹	Covered Admissions ²	Covered Days of Care			Covered Charges			
			Number	Per Admission	Per Person	Amount in Thousands	Per Admission	Per Person	Per Day
All Beneficiaries									
Total	1,747,377	2,549,408	66,001,950	25.9	37.8	\$29,955,327	\$11,750	\$17,143	\$454
1-8 Days	448,145	640,890	3,068,033	4.8	6.8	2,347,765	3,663	5,239	765
9-20 Days	555,499	785,062	11,126,642	14.2	20.0	6,469,482	8,241	11,646	581
21-40 Days	400,579	605,253	17,485,619	28.9	43.7	7,992,293	13,205	19,952	457
41-60 Days	164,588	259,640	12,844,753	49.5	78.0	5,217,045	20,093	31,698	406
61-80 Days	73,038	120,482	8,367,445	69.4	114.6	3,212,589	26,664	43,985	384
81 Days or More	105,528	138,081	13,109,458	94.9	124.2	4,716,153	34,155	44,691	360
Aged									
Total	1,625,155	2,363,027	61,202,566	25.9	37.7	27,661,858	11,706	17,021	452
1-8 Days	413,668	589,056	2,826,233	4.8	6.8	2,150,952	3,652	5,200	761
9-20 Days	516,715	727,626	10,310,955	14.2	20.0	5,977,102	8,215	11,568	580
21-40 Days	376,271	566,177	16,353,260	28.9	43.5	7,435,431	13,133	19,761	455
41-60 Days	154,273	242,377	11,988,976	49.5	77.7	4,851,023	20,014	31,444	405
61-80 Days	67,949	111,651	7,752,455	69.4	114.1	2,965,320	26,559	43,640	383
81 Days or More	96,279	126,140	11,970,687	94.9	124.3	4,282,029	33,947	44,475	358
Disabled									
Total	122,222	186,381	4,799,384	25.8	39.3	2,293,470	12,305	18,765	478
1-8 Days	34,477	51,834	241,800	4.7	7.0	196,813	3,797	5,709	814
9-20 Days	38,784	57,436	815,687	14.2	21.0	492,380	8,573	12,695	604
21-40 Days	24,308	39,076	1,132,359	29.0	46.6	556,862	14,251	22,909	492
41-60 Days	10,315	17,263	855,777	49.6	83.0	366,022	21,203	35,484	428
61-80 Days	5,089	8,831	614,990	69.6	120.8	247,268	28,000	48,589	402
81 Days or More	9,249	11,941	1,138,771	95.4	123.1	434,124	36,356	46,937	381

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 2005**

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	\$4,271,553	\$1,676	\$2,445	\$65	\$19,076,973	\$7,487	\$10,917	\$289
1-8 Days	55,002	86	123	18	1,072,680	1,675	2,394	350
9-20 Days	243,666	310	439	22	3,764,609	4,798	6,777	338
21-40 Days	965,402	1,595	2,410	55	5,283,465	8,734	13,190	302
41-60 Days	1,034,530	3,984	6,286	81	3,535,230	13,620	21,479	275
61-80 Days	759,946	6,308	10,405	91	2,176,453	18,067	29,799	260
81 Days or More	1,213,007	8,785	11,495	93	3,244,537	23,502	30,746	247
Aged								
Total	3,945,959	1,670	2,428	64	17,757,658	7,519	10,927	290
1-8 Days	49,869	85	121	18	993,949	1,689	2,403	352
9-20 Days	223,031	307	432	22	3,504,285	4,819	6,782	340
21-40 Days	898,603	1,587	2,388	55	4,959,875	8,765	13,182	303
41-60 Days	963,621	3,976	6,246	80	3,310,808	13,664	21,461	276
61-80 Days	703,262	6,299	10,350	91	2,022,447	18,117	29,764	261
81 Days or More	1,107,572	8,780	11,504	93	2,966,294	23,521	30,809	248
Disabled								
Total	325,594	1,747	2,664	68	1,319,316	7,084	10,794	275
1-8 Days	5,133	99	149	21	78,731	1,520	2,284	326
9-20 Days	20,635	359	532	25	260,324	4,535	6,712	319
21-40 Days	66,799	1,709	2,748	59	323,590	8,288	13,312	286
41-60 Days	70,909	4,108	6,874	83	224,422	13,004	21,757	262
61-80 Days	56,684	6,419	11,138	92	154,006	17,441	30,263	250
81 Days or More	105,435	8,830	11,400	93	278,243	23,309	30,084	244

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 Data Extract System; data development by the Office of Research, Development, and Information.