

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 2010**

Type of Entitlement and Covered Days of Care			Covered Days of Care			Covered Charges			
	Persons ¹	Covered Admissions ²		Per Admission	Per Person	Amount in Thousands	Per Admission	Per Person	Per Day
All Beneficiaries									
Total	1,734,507	2,542,541	68,927,914	27.1	39.7	\$38,497,309	\$15,141	\$22,195	\$559
1-8 Days	376,545	556,348	2,624,643	4.7	7.0	2,414,599	4,340	6,413	920
9-20 Days	541,084	767,355	11,075,920	14.4	20.5	7,625,309	9,937	14,093	688
21-40 Days	442,988	665,263	19,302,725	29.0	43.6	10,859,294	16,323	24,514	563
41-60 Days	189,467	291,836	14,422,025	49.4	76.1	7,369,908	25,254	38,898	511
61-80 Days	82,107	129,438	8,981,638	69.4	109.4	4,382,439	33,857	53,375	488
81 Days or More	102,316	132,301	12,520,963	94.6	122.4	5,845,760	44,185	57,134	467
Aged									
Total	1,584,678	2,310,493	62,745,003	27.2	39.6	34,996,201	15,147	22,084	558
1-8 Days	339,988	498,954	2,361,185	4.7	6.9	2,167,407	4,344	6,375	918
9-20 Days	492,509	695,106	10,027,604	14.4	20.4	6,917,808	9,952	14,046	690
21-40 Days	410,437	612,619	17,775,400	29.0	43.3	9,985,181	16,299	24,328	562
41-60 Days	175,060	267,917	13,238,574	49.4	75.6	6,758,636	25,227	38,608	511
61-80 Days	75,250	117,773	8,170,731	69.4	108.6	3,980,173	33,795	52,893	487
81 Days or More	91,434	118,124	11,171,509	94.6	122.2	5,186,996	43,911	56,729	464
Disabled									
Total	149,829	232,048	6,182,911	26.6	41.3	3,501,108	15,088	23,367	566
1-8 Days	36,557	57,394	263,458	4.6	7.2	247,192	4,307	6,762	938
9-20 Days	48,575	72,249	1,048,316	14.5	21.6	707,502	9,793	14,565	675
21-40 Days	32,551	52,644	1,527,325	29.0	46.9	874,113	16,604	26,854	572
41-60 Days	14,407	23,919	1,183,451	49.5	82.1	611,272	25,556	42,429	517
61-80 Days	6,857	11,665	810,907	69.5	118.3	402,266	34,485	58,665	496
81 Days or More	10,882	14,177	1,349,454	95.2	124.0	658,763	46,467	60,537	488

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 2010**

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	\$5,414,105	\$2,129	\$3,121	\$79	\$27,454,045	\$10,808	\$15,828	\$398
1-8 Days	66,415	119	176	25	1,208,844	2,176	3,210	461
9-20 Days	303,448	395	561	27	5,114,794	6,673	9,453	462
21-40 Days	1,290,182	1,939	2,912	67	8,050,948	12,111	18,174	417
41-60 Days	1,389,006	4,760	7,331	96	5,502,789	18,865	29,044	382
61-80 Days	974,205	7,526	11,865	108	3,241,734	25,053	39,482	361
81 Days or More	1,390,849	10,513	13,594	111	4,334,936	32,772	42,368	346
Aged								
Total	4,907,459	2,124	3,097	78	25,081,985	10,866	15,828	400
1-8 Days	58,643	118	172	25	1,098,115	2,204	3,230	465
9-20 Days	271,111	390	550	27	4,656,104	6,706	9,454	464
21-40 Days	1,180,700	1,927	2,877	66	7,437,829	12,150	18,122	418
41-60 Days	1,271,499	4,746	7,263	96	5,065,098	18,914	28,933	383
61-80 Days	884,812	7,513	11,758	108	2,954,962	25,099	39,269	362
81 Days or More	1,240,694	10,503	13,569	111	3,869,877	32,767	42,324	346
Disabled								
Total	506,646	2,183	3,381	82	2,372,060	10,234	15,832	384
1-8 Days	7,771	135	213	29	110,729	1,933	3,029	420
9-20 Days	32,337	448	666	31	458,689	6,358	9,443	438
21-40 Days	109,482	2,080	3,363	72	613,118	11,656	18,836	401
41-60 Days	117,507	4,913	8,156	99	437,691	18,308	30,380	370
61-80 Days	89,393	7,663	13,037	110	286,773	24,586	41,822	354
81 Days or More	150,156	10,591	13,799	111	465,059	32,813	42,737	345

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 MEDPAR files: Medicare Provider Analysis and Review; data development by the Center for Strategic Planning.