

Table 6.2
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 2011

Demographic Characteristic, Type of Entitlement, and Discharge Status	Covered Admissions ¹		Covered Days of Care			Covered Charges			Program Payments			
	Number	Per 1,000 HI Enrollees ²	Total in Thousands	Per 1,000 HI Enrollees ²	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Percent of Covered Charges	Per Admission ³	Per Day
Total	2,573,854	71	69,907	1,935	27	\$41,230,541	\$16,019	590	\$30,101,764	73	11,707	431
Age												
Under 65 Years	235,986	35	6,309	924	27	3,776,310	16,002	599	2,620,616	69	11,118	415
65-69 Years	264,822	29	6,750	735	25	4,108,914	15,516	609	2,865,081	70	10,829	424
70-74 Years	272,396	41	6,869	1,033	25	4,259,024	15,635	620	2,985,962	70	10,973	435
75-79 Years	366,503	72	9,527	1,877	26	5,776,445	15,761	606	4,141,540	72	11,312	435
80-84 Years	489,740	121	13,273	3,280	27	7,872,872	16,076	593	5,755,785	73	11,765	434
85 Years or Over	944,407	218	27,180	6,265	29	15,436,977	16,346	568	11,732,780	76	12,436	432
Sex												
Male	966,554	59	25,260	1,529	26	15,071,085	15,593	597	10,958,227	73	11,350	434
Female	1,607,300	82	44,647	2,276	28	26,159,456	16,275	586	19,143,537	73	11,922	429
Race⁴												
White	2,188,983	73	58,680	1,957	27	34,725,220	15,864	592	25,242,252	73	11,543	430
Other	378,651	63	11,060	1,846	29	6,403,237	16,911	579	4,786,775	75	12,658	433
Type of Entitlement												
Aged ⁵	2,327,688	79	63,326	2,161	27	37,294,974	16,022	589	27,365,256	73	11,768	432
Disabled ⁶	246,166	36	6,582	964	27	3,935,567	15,987	598	2,736,508	70	11,130	416
Discharge Status												
Alive	2,481,247	----	68,154	----	27	40,275,337	16,232	591	29,387,454	73	11,856	431
Dead	92,607	----	1,753	----	19	955,203	10,315	545	714,309	75	7,722	407

¹Includes skilled nursing care admissions with at least 1 day of covered care under Medicare.

²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates.

³The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

⁴Excludes unknown race.

⁵Includes aged persons with end stage renal disease (ESRD).

⁶Includes 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.
 --- is not available.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the MEDPAR files: Medicare Provider Analysis and Review; data development by the Office of Information Products and Data Analytics.